

HOW RELIGIOUS AND SPIRITUAL INFORMATION IS INFUSED THROUGHOUT
COUNSELOR EDUCATION PROGRAMS

By

Kathryn Conway, B.G.S.

A Project Submitted in Partial Fulfillment of the Requirements for the Degree of
Master's of Education in Clinical Mental Health Counseling

University of Alaska Fairbanks

May 2020

APPROVED:

Valerie Gifford, Ph.D., Committee Chair

Susan Renes, Ph.D., Committee Member

Tim Ollhoff, M.S.W., Committee Member

Amy Vinlove, Ph.D., Department Chair

Department of School of Education

Abstract:

Many counseling clients want the religious and spiritual aspects of themselves acknowledged and incorporated into their therapy sessions. As such, counselors must gain competence in addressing religious and spiritual issues with clients. What is uncertain is whether counselor education programs address religious and spiritual issues consistently and adequately. The following text is a thematic literature review synthesizing research related to the question, “How is religious and spiritual information infused throughout counselor education programs?” Review of the research reveals incredible variability between counselor education programs, and a paucity of religious and spiritual content delivered to counseling students, suggesting that religious and spiritual topics must be more consistently addressed throughout counselor education programs.

Keywords: competency, counseling, counselor education, curriculum, literature review, religion, religious, spiritual, spirituality

Table of Contents

Description of Need	5
Religious and Spiritual Population	5
Strengths of Religion and Spirituality	6
Religious and Spiritual Vulnerabilities	6
Function of Religion and Spirituality	7
Attending to Religious and Spiritual Aspects of Clients	8
Working with Diverse Populations	9
Reluctance to Address Religion and Spirituality in Counseling	10
Institutional Considerations	13
Current Research Efforts Related to Religious and Spiritual Competency Development	14
Methodology	15
Extant Literature Search	15
Theoretical Orientation, ASERVIC Competencies, and Organization of Literature	16
Literature Review	17
Definitions of Religion and Spirituality	17
Conduits for Religious and Spiritual Information	18
Infusion of Religious and Spiritual Competencies	31
Application	41
Conclusion	41
References	43
Appendix	55

How Religious and Spiritual Information is Infused Throughout Counselor Education Programs

Over three decades ago, researchers Quackenbos, Privette, and Klentz (1985) found 81% of survey participants viewed the religious and spiritual facets of their lives as valid content for discussion with counselors, and agreed these aspects should be adequately addressed. Present day research supports the finding that the majority of counseling clients expect and prefer that counselors attend to their religiosity and spirituality during counseling (Arnold, Avants, Margolin, & Marcotte, 2002; Belaire & Young, 2002; Belaire, Young, & Elder, 2005; Cragun & Friedlander, 2012; Gockel, 2011; Harris, Randolph, & Gordon, 2016; Jen Der Pan, Deng, Tsai, & Yuan, 2013; Post, Wade, & Cornish, 2013; Saenz & Waldo, 2013). Research suggests that counselors-in-training (CIT) believe they can better serve clients by developing the skills necessary for addressing issues of R/S (Magaldi-Dopman, 2014). However, counselors remain hesitant in addressing religion and/or spirituality (R/S) with clients; current literature indicates the lack of competence among counselors is, at least partially, due to inconsistent and inadequate preparation during graduate-level counselor education (Adams, 2012; Dailey, 2012; Kahle & Robbins, 2004; Kelly, 1994; Langeland, Anderson, Bischof, & Will, 2010; Lu & Woo, 2017; Magaldi-Dopman, 2014; Robertson, 2010; Sauerheber, Holeman, Dean, & Haynes, 2014; Walker, Gorsuch, & Tan, 2004). Interestingly, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) incorporated the words “spiritual beliefs” into the 2016 CACREP Standards (CACREP, 2015, p. 11), which may indicate a desire for counselor education programs (CEPs) to increase attention to this subject throughout curriculum. The purpose of this literature review is to bring the reader up-to-date with current research related to the question, “How is religious and spiritual information infused throughout counselor education

programs?” The following provides an introduction to the topic of religious and spiritual competency in counseling, a brief review of literature establishing the need for this research topic, and a comprehensive literature review of primary empirical studies related to the delivery of content to counselors-in-training (CIT) through counselor education program curriculum. The author prioritized articles that surveyed CIT and counselors who attended CACREP-accredited clinical mental health programs. A discussion follows the literature review, summarizing implications and conclusions regarding curriculum, content delivery, and gaps related to the development of religious and spiritual competency. This document also includes an appendix consisting of a journal article meeting the submission standards of *Counselor Education and Supervision*, the official periodic journal publication of the Association for Counselor Education and Supervision. As a final product and application, the article synthesizes the information found in the comprehensive literature review. Religion and spirituality are referred to together (and in alphabetical order) throughout this paper and in most up-to-date counseling literature. The abbreviation “R/S” is utilized to represent religion and/or spirituality.

Description of Need

Religious and Spiritual Population

As the majority of Americans identify themselves as either religious or spiritual, and 89% of Americans believe in God or a universal spirit (Newport, 2016; U.S. Census Bureau, 2010), counselors will encounter clients who identify with R/S in the course of their career. Sue and Sue (2016) write, “although people may not have a formal religion, many Indigenous helpers believe that spirituality is an intimate aspect of the human condition” (p. 341). If so, it makes sense that the overwhelming majority of clients believe it is important that mental health counseling provides an opportunity to address and incorporate their R/S (Arnold et al., 2002; Belaire &

Young, 2002; Belaire et al., 2005; Cragun & Friedlander, 2012; Gockel, 2011; Harris et al., 2016; Jen Der Pan et al., 2013; Post et al., 2013; Saenz & Waldo, 2013). Clients commonly bring up R/S when discussing topics such as abortion, forgiveness, infidelity, inter-faith relationships, pregnancy, sexual abuse, and sexuality (Sauerheber et al., 2014). Not surprisingly, client participation in religious and/or spiritual activity can offer many benefits.

Strengths of Religion and Spirituality

R/S can function in beneficial ways, providing both internal and external resources for clients. Manning (2013) interviewed six women, aged 80 and older, and found they utilized spirituality as an effective tool to promote and maintain resilience. Other researchers discovered religiosity can positively influence family relationships and family life (Mahoney, Pargament, Murray-Swank, & Murray-Swank, 2003; Petts, 2012). Religious involvement appears to correlate with higher levels of education, higher levels of civic participation, and less crime (Mochon, Norton, & Ariely, 2011). The presence of R/S in the lives of individuals positively correlates with various aspects of mental health including: ability to cope with adversity, attitudes of optimism, character traits, happiness, overall sense of well-being, self-esteem, sense of meaning and purpose, social capital, and substance abuse (Koenig, 2012). Spirituality has also been linked to various significant aspects of physical health and health-related behaviors (Koenig, 2012). Individuals with “weaker” beliefs (meaning they do not passionately participate in their religious community or they strongly identify as atheist or agnostic) are less happy than individuals with stronger beliefs and affiliations (Mochon et al., 2011). Although there are many benefits of R/S, there are sometimes negative implications for clients.

Religious and Spiritual Vulnerabilities

Sometimes R/S negatively influence clients. Some clients use R/S to justify thoughts and

behaviors that place them and others at risk; examples include thoughts that justify dominating a partner, thoughts that condone or excuse suicide, and beliefs of permanent condemnation or lack of opportunity for redemption (Sauerheber et al., 2014). Extrinsically religious older adults are more afraid of death than intrinsically religious older adults, and belonging to a religious group is linked to increased fear of death (Ardelt, 2003; Ardel & Koenig, 2006; Jong et al., 2018). R/S uniquely permeate various layers of a person in distinct and unique ways. There are, however, some important universal aspects of R/S that counselors should consider.

Function of Religion and Spirituality

Yalom (2002/2008) wrote frequently on the parallels between existential psychology and R/S, pointing out that participation in religion and participation in existential psychology both involve acknowledging and working through the phenomena of isolation, despair, and death anxiety, and can assist individuals in discovering and/or creating meaning and life satisfaction. Yalom argued that both religion and existential psychology offer opportunities for confession, comfort, forgiveness, inner scrutiny, and peace of mind. Yalom predicates his work on the conclusion that every human must deal with the existential givens of existence, including of death, freedom, isolation, and meaninglessness. Individuals may find explanations for existential questions surrounding these issues within their R/S. Individuals identifying as spiritual and not religious may seek understanding of these phenomena in personalized ways. Still, individuals identifying as neither religious nor spiritual must also consider these aspects of reality, which requires secular yet existential exploration. Regardless of how individuals identify, they must learn to live with the existential anxiety and suffering inherent in human existence. The universality of existential theory can offer balance to the diversity-focused Multicultural and Social Justice Counseling Competencies (MSJCC). The MSJCC prioritize counselor awareness

of privilege, marginalization, and worldview of both client and counselor, as well as knowledge, skills, and actions related to advocacy, interventions, and the counseling relationship (Ratts, Singh, Nassar-McMillan, Butler, & McCollough, 2016). Understanding how R/S influence a client's and counselor's approach to the existential givens is important when conceptualizing clients, as R/S intersect with identity development in both individualistic and collectivistic ways.

Attending to Religious and Spiritual Aspects of Clients

Ethical counseling practice includes attending to the religious and spiritual aspects of clients (Cashwell & Young, 2011). Explicitly, The American Counseling Association Code of Ethics (ACA, 2014) states that counselors should recognize the effects of R/S on client support networks, assessment administration, and interpretation of assessment results. R/S permeate culture, shape experiences, and influence the interpretation of experiences by individuals and groups. R/S significantly influence cultural identities and worldviews (both of which counselors must attend to while serving clients). Attending to R/S can help counselors better understand clients and enhance therapeutic relationships. As R/S are two social constructs influencing personality development and intersecting fluidly in a person's life (Cashwell & Young, 2011; Ratts et al., 2016; Robinson, 1999), it is critical that counselors attend to the R/S of clients and incorporate R/S into client conceptualization, assessment, and treatment processes. Furthermore, counselors working within the MSJCC framework should develop awareness of their own attitudes and worldviews, as increased self-awareness of personal R/S leads to increased understanding of these domains (Ratts et al., 2016.) Proficient attending requires self-awareness, as lack of self-awareness increases risk of counselors working from a place of privilege. Counselors with sufficient religious and spiritual competence willingly engage in self-exploration (Cashwell & Young, 2011). The ACA Code of Ethics (ACA, 2014) also requires the

development of personal awareness, necessitates multicultural competency, and mandates that counselors gain sensitivity and the skills necessary in providing culturally competent counseling. Avoiding discussion of R/S is negligent and would be working outside of ethical and multicultural guidelines, while developing a high level of self-awareness prepares counselors in working with individuals of various cultural, religious, and spiritual backgrounds.

Working with Diverse Populations

When counselors work with clients from different religious and spiritual traditions than their own, it becomes critically important they are able to attend to their clients in safe and respectful ways. For example, Indigenous clients may view counseling and counselors themselves as an extension of Western philosophy and a vehicle of continued colonization (Hodge, Limb, & Cross, 2009). Although Western models of counseling generally accept that a provider's values and theoretical orientation influence the way they conceptualize clients and make treatment decisions, the values and assumptions that inform the Western Enlightenment worldview, the Western therapeutic project, and the trajectory of the counseling field in general are often unquestioned and unconsciously accepted (Hodge, et al., 2009). This means the Western Enlightenment worldview, and the Western therapeutic project, carry unchallenged secularist ideals and value neutrality, rationality, and lack of bias which greatly juxtapose religious and spiritual worldviews (Hodge, 2015). Hodge and colleagues (2009) state that anti-religious bias is woven into the Enlightenment Worldview and that secular mental health practitioners have been socialized to favor the claims of Western scientific knowledge over spiritual knowledge. Although spirituality is often considered a part of wellness in Western philosophy, in the Native Model of Wellness, the spirit, and spirituality is at the core of an individual's existence (Hodge et al., 2009) and "permeates all areas of Native Americans' lives"

(Gray & Rose, 2012, p. 85). Counselors who truly embrace a multicultural and social justice approach must recognize and examine their own values and implicit messages that have the potential to alienate Native American clients and clients from other marginalized populations. Gaining a true understanding of differing worldviews and perspectives regarding R/S would be extremely beneficial to emerging counselors as they work in communities where legacies of colonization and historical trauma still impact individuals, families, and communities. Counselors equipped with a higher level of awareness, knowledge, and skill may feel less reluctant in addressing R/S with clients.

Reluctance to Address Religion and Spirituality in Counseling

Reluctance in addressing R/S may stem from cultural attitudes and social norms. In the U.S., a well-established and prevailing attitude exists that religious beliefs should not influence scientific or rational decision making (Duran, 2006). Although there are benefits to this approach in some settings, Sue and Sue (2016) argue this severance sometimes creates barriers between mainstream psychology and the incorporation of religion, spirituality, and Indigenous forms of healing into counseling. Although counselors and CIT overwhelmingly recognize the importance of R/S within client lives and therapy, many counselors remain disinclined, hesitant, uncomfortable, or underprepared to inquire about R/S; they are also apprehensive about integrating religious and spiritual interventions into treatment (Dailey, 2012; Robertson, 2010; Scott, Sheperis, Simmons, Rush-Wilson, & Milo, 2016; Sue & Sue, 2016). Believing topics of faith are too taboo to discuss in counseling does prevent counselors from addressing R/S within the counseling setting (Scott et al., 2016). However, the fact that dominant cultural norms value the separation of R/S from science in American society does not explain the phenomenon in its

entirety. It is hard to say exactly what accounts for this hesitance and, most probably, it cannot be summated with one explanation.

Some scholars postulate that counselor reluctance in addressing R/S with clients might relate to a religiosity gap between mental health professionals and the general population, hypothesizing that if counselors are collectively less religious and spiritual than the general population, they may not perceive R/S of clients as relevant, or simply may not know that R/S should be discussed with clients. Indeed, Robertson's (2010) study showed counselors identifying as neither religious nor spiritual received the lowest spiritual competency scores. Robertson suggests this discrepancy may be due to general unawareness of the significance of R/S for clients. In two older studies, researchers found a significant difference between the religiosity of mental health professionals and the general population (Delaney, Miller, & Bisonó, 2007; Zinnbauer et al., 1997). More recent studies comparing the religiosity of counselors to clients could not be located. Currently, the inference cannot be made that counselors, overall, are less religious than the general population. Adams (2012) surveyed CIT from four different CEPs in the "Bible Belt" region of the southeastern U.S.; the religiosity of CIT in this study may indicate that the collective religiosity of counselors may not be that different from the religious demographics in their geographic area or from the general U.S. population. Adams' (2012) study draws attention to counselor reluctance in addressing client R/S; while 76.3% of CIT rated themselves in the high range of being religious, a smaller percentage reported they felt comfortable discussing spiritual issues, and a minority of CIT stated they would actually ask clients about their religious and spiritual beliefs or consider them before selecting interventions. Clearly, there must be more contributing to the hesitancy of counselors in addressing R/S than simply their own religious and spiritual status.

When researchers Adams, Puig, Baggs, and Wolf (2015) set out to explore “why training in religion and spirituality is behind the current need,” (p. 51) they found that counselor educators (CEs) considered a lack of personal interest and/or relevance as a major barrier to the incorporation of spiritual and religious issues into their CEPs. The second major barrier that CEs identified was a lack of knowledge regarding how to integrate R/S into their curriculum, teaching, and supervision (Adams et al., 2015). Perhaps hesitance in addressing R/S in counseling stems, in part, from a hesitance of CEs in addressing R/S within CEPs, which may lead to a lack of knowledge and competencies being transmitted to CIT.

Perhaps the simplest and most direct explanation for the discomfort in addressing R/S in counseling may be that R/S are currently addressed inconsistently throughout CEPs. In their study of licensed counselors, Scott and colleagues (2016) found confusion regarding exactly *how* to integrate R/S into a counseling session was a significant barrier to incorporating R/S into counseling. Counselors in multiple studies lacked essential knowledge regarding the integration of R/S and felt unable to resolve value conflicts (Cashwell et al., 2013; Scott et al., 2016). Counselor hesitance in inquiring deeply into client R/S may stem from fear and directly result from limited education (Cashwell et al., 2013; Magaldi-Dopman, 2014). Although professional counselors can and do seek continuing education on R/S, research indicates CIT and professional counselors feel unprepared in addressing R/S with clients based on the knowledge obtained solely from their CEPs; both counselors and CIT desire more comprehensive training in R/S (Adams, 2012; Dailey, Robertson, & Gill, 2015; Henriksen, Polonyi, Bornsheuer-Boswell, Greger, & Watts, 2015; Langeland et al., 2010; Lu & Woo, 2017; Magaldi-Dopman, 2014; Reiner & Dobmeier, 2014; Smith-Augustine, 2011; Young, Wiggins-Frame, & Cashwell, 2007). Recent studies show some CIT actually feel discouraged from discussing R/S (Giordano, Bevly,

Tucker, & Prosek, 2018; Lu, Li, Potts, & Ufomadu, 2019; Lu & Woo, 2017; Magaldi-Dopman, 2014; Magaldi-Dopman, Park-Taylor, & Ponterotto, 2011). Furthermore, it seems some CEPs do not incorporate discussion of certain religious and spiritual topics, and may avoid topics that intersect powerfully with R/S, such as sexual orientation.

Institutional Considerations

In recent news, Liberty University received criticism due to the university's history of discriminating against LGBTQ students; the NCAA also received criticism for allowing Liberty University (as well as other universities) to participate in the NCAA tournament despite having a documented history of discrimination (Ennis, 2019). Indeed, Liberty University has been placed on a "Shame List" (a list that identifies universities deemed unfriendly or hostile toward LGBTQ youth based on applications for Title IX exemptions or demonstrated discrimination) created and maintained by Campus Pride (a non-profit organization that works to create safe college environments for LGBTQ youth). The list provides links to documentation of controversial actions undertaken by Liberty University staff, such as placing students in conversion therapy, signing the Nashville Statement, and purchasing custom psychology textbooks which exclude information regarding sexual motivation and orientation (Campus Pride, 2019). This information becomes axiomatically relevant to CIT competency development when considering the fact that Liberty University offers a Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited Clinical Mental Health Counseling program. If faculty and administrators believe students should be "allowed to filter material through a biblical worldview" (Kapsidelis, 2016, para. 13), and have the power to alter textbooks and curriculum, there is a potential that both institutional and student biases related to R/S may remain unexamined and perhaps ignored altogether, leaving CIT grossly underprepared to ethically serve clients of

differing religious and/or spiritual backgrounds.

The ACA Code of Ethics (2014) requires that counselors are self-aware and seek training in areas where they are at risk of imposing their attitudes, behaviors, beliefs, and values upon clients; it also specifically prohibits discrimination based on R/S and sexual orientation. Currently, religiously affiliated institutions have significant flexibility to influence the way religious and/or spiritual material is delivered (or not delivered) to students. Institutional attitudes and biases may go unexamined by CIT, which may in turn result in limited self-awareness of CIT, and thus, professional counselors. Unexamined bias and limited self-awareness could negatively impact a counselor's ability to work respectfully and ethically with diverse populations, and could leave CIT and licensed professionals lacking in necessary competency awareness, knowledge, and skills related to R/S.

Current Research Efforts Related to Religious and Spiritual Competency Development

Over the past 30 years, interest and enthusiasm for religious and spiritual competency has gained momentum among counselors, researchers, and educators. One example is the development of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a division of the ACA that is "committed to the infusion of spiritual, ethical, and religious values in counselor preparation and practice" (Miranti, 2019, para. 5). ASERVIC provides the counseling community with leadership and expertise regarding religious and spiritual competency and publishes the journal *Counseling and Values*. Some researchers have also made the study and development of religious and spiritual education and competency a primary focus.

Pioneers in the emerging field of religious and spiritual competency development, Cashwell and Young are leaders of ASERVIC and authors of one of the first comprehensive

textbooks aimed at increasing religious and spiritual counselor competency. Although their initial published works attempt to elucidate what religious and spiritual competency is, and proffer arguments as to why R/S matters to counselors, they more recently shifted their focus toward the question of “how” counselors develop competency (Flasch, 2016). Indeed, over the past several years, researchers have started measuring competency and inquiring as to how counselors develop religious and spiritual competencies through CEPs (Dailey et al., 2015; Henriksen et al., 2015; Reiner & Dobmeier, 2014; Robertson, 2010). The focus of present day research aligns with the focus of the following literature review, which examines how religious and spiritual information is infused throughout CEP curriculum.

Methodology

The objective of this literature review is to examine how religious and spiritual content is infused throughout counselor education program (CEP) curriculum, with the goals of investigating (a) how master’s level counseling curriculum engenders religious and spiritual competency, (b) the mechanisms utilized in delivering religious and spiritual content, and (c) possible patterns and gaps in religious and spiritual content delivery. A primary focus was placed on synthesizing empirical studies that contribute data related to the research question, “How is religious and spiritual information infused throughout counselor education programs?”

Extant Literature Search

Several search engines (Elmer E. Rasmuson Library search engine, ERIC, Google Scholar, and Kathryn A. Martin Library) were utilized to screen specific databases (Academic search premier, EBSCO, ERIC, Google Scholar, JSTOR, Project Muse, PsycARTICLES, Psychology & Behavioral Sciences Collection, PsychINFO, ScienceDirect, Social Sciences Full Text) for articles relating to the search terms CACREP, competency, competencies, counselor,

counselor education, counseling, curriculum, religion, religious, spiritual, and spirituality. The journals *Counseling Today*, *Counseling and Values: Spirituality, Ethics, and Religion in Counseling*, and *Journal of Multicultural Counseling and Development* were also searched for relevant articles; electronic copies were gained through academic library databases and inter-library loan. As master's level graduates are the primary practitioners in the counseling field, the review emphasizes articles that highlight graduate level, CACREP-accredited, and/or clinical mental health programs. Articles published within the past seven to 10 years were prioritized.

Theoretical Orientation, ASERVIC Competencies, and Organization of Literature

For several reasons, the ASERVIC competencies (2009) have been employed to broadly structure and organize the following literature review. The ACA Code of Ethics (2014) and the 2016 CACREP Standards (2015) mandate the adoption of a multicultural approach among counselors-in-training. R/S comprise but one facet of identity when considering it from a MSJCC theoretical approach (Ratts et al., 2016). Although the content areas of ASERVIC competencies fall comfortably within the conceptual domains, quadrants, and aspirational competencies found within the MSJCC, the ASERVIC competencies are more specific and appropriate for discussion limited to R/S. Additionally, ASERVIC competencies provide a perfect skeleton by which to organize and attach a body of research related to religious and spiritual competency development. Last, the ASERVIC competencies are empirically supported, statistically valid, and have become the gold standard by which professionals in the field measure religious and spiritual competency (Cashwell & Young, 2004; Dailey, 2012; Dailey et al., 2015; Dobmeier & Reiner, 2012; Reiner & Dobmeier, 2014; Robertson, 2010). Therefore, the ASERVIC competencies are referenced throughout the discussion of how religious and spiritual information is infused throughout CEP curriculum. The first section of the literature review focuses on the conduits and mechanisms

through which religious and spiritual content is delivered to counselors-in-training (CIT). The second part of the literature review examines whether or not CEPs provide information and experiences to CIT that address the ASERVIC competencies.

Literature Review

Definitions of Religion and Spirituality

Before discussing recent literature on the development of religious and spiritual competency, it is important readers understand the current definitions of these concepts; however, definitions of R/S are somewhat ambiguous. Schlehofer, Omoto, and Adelman (2008) asked 64 older adults to define “religion” and “spirituality”; although participants considered themselves both religious and spiritual, definitions for the two ideas differed. Participants provided more abstract definitions for spirituality than they did for religion, and some participants simply could not define spirituality. Participants mentioned both theistic and nontheistic concepts with regard to spirituality, but described more theistic definitions when discussing religion. Participants strongly associated religion with community affiliation, organizationally based practices, codes of conduct, and strongly held personal beliefs (Schlehofer et al., 2008).

In a separate study, researchers asked 29 religious professionals (including Catholic priests, Islamic imams, Jewish rabbis, and Protestant ministers) to define religion and spirituality (Hyman & Handal, 2006). Content analysis revealed significant overlaps between R/S and showed there more similarities than differences between the two; participants defined spirituality as more internal, subjective, and experiential, while religion was described as more external, objective, and including ritual or organizational practices performed in a group setting (Hyman & Handal, 2006). The results of these two studies suggest that definitions and perceptions of religion and spirituality can change based on the demographics of the person describing them.

Experts in the field of religious and spiritual competency in counseling, Cashwell and Young describe spirituality as “the universal human capacity to experience self-transcendence and awareness of sacred immanence, with resulting increases in greater self-other compassion and love” (2011, np). They describe religion as “institutional and creedal, and is typically socially defined. Religion provides a structure for human spirituality, including narratives, symbols, beliefs, and practices, which are embedded in ancestral traditions, cultural traditions, or both” (Cashwell & Young, 2011, np). Although the two concepts are related, spirituality does not encompass all aspects of religion, and religion cannot fully embody all that is spiritual; spirituality and religion overlap but also have unique attributes (Ammerman, 2013; Hyman & Handal, 2006; Schlehofer et al., 2008; Zinnbauer et al., 1997).

Conduits for Religious and Spiritual Information

Religious and spiritual information reaches CIT through various mechanisms including counselor educators (CEs), courses, learning activities, learning environment, program characteristics, supervision, and syllabi. Association guidelines, curriculum standards, as well as the mechanisms listed above influence the type of information delivered to CIT. The following section discusses these conduits of religious and spiritual information.

Standards for developing R/S competency. As CEs, CIT, licensed professional counselors, and researchers investigating the importance of R/S increasingly recognize the importance of addressing R/S with clients, professional counseling organizations have begun responding to this need. For example, within their respective guiding documents, the American Counseling Association (ACA), the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), the Association for Multicultural Counseling and Development (AMCD), and the Council for Accreditation of Counseling and Related Educational Programs

(CACREP) incorporate language necessitating development of multicultural, religious, and spiritual competencies among CIT and practicing counselors (ACA, 2014; ASERVIC, 2009/2011, CACREP, 2015; Ratts et al., 2016).

Recent changes were made in curricular standards related to religious and spiritual competency development. Although the use of the words “spiritual” and “spirituality” vary only slightly between the 2009 CACREP Standards and the 2016 CACREP Standards (CACREP, 2009/2015), one significant difference exists. The second common core area in the 2016 CACREP Standards is “Social and Cultural Diversity,” under which the document explicitly states that CEPs must cover “the impact of spiritual beliefs on clients’ and counselors’ worldviews” (CACREP, 2015, p. 11). The presence of this new requirement with the explicit mention of spiritual beliefs, demonstrates a shift in the perception of the necessity of religious and spiritual competency. Because CACREP curricular are meant to establish broad content requirements, they do not outline specific guidance or instructions on addressing or imparting religious and spiritual competency (or any other multicultural competency) through counseling curriculum. In the absence of clearer direction and language about which aspects of R/S ought to be addressed within the CACREP curricular guidelines, CEs may not prioritize religious and spiritual competencies, and/or must look elsewhere for guidance. In the words of Sauerheber and colleagues, (2014) “counselor educators who do desire to incorporate training related to working with religious issues and religious clients in counseling face a challenge of how to add this component to an already full educational experience” (p. 81). Although curricular guidelines may not explicitly dictate which topics of religious and spiritual information should be covered within CEPs, research clearly shows CIT and practicing counselors believe information related to R/S should be integrated into CEP curriculum.

Student perceptions and expectations regarding curriculum. Put simply, CIT and practicing counselors want CEPs to more comprehensively and consistently address R/S. Lu and Woo (2017) found that about 90% of master's-level CIT want religious and spiritual content explicitly addressed in their CEP, either through a stand-alone required course, an elective course, or incorporated into each course offered; fifty percent of CIT want R/S incorporated into each class. Henriksen and colleagues' (2015) found 19.5% of participants surveyed believe their academic coursework influenced their professional counselor competency related to R/S, and 73% of CIT wanted R/S information discussed in coursework. The majority of CIT reported their CEP experience did not increase their religious and spiritual awareness or competency. Similarly, a survey of Michigan counselors by Langeland and colleagues (2010) revealed a majority of participants did not believe their CEP adequately addressed R/S; 21% of the counselors agreed that R/S had been addressed within their CEP.

Magaldi-Dopman (2014) interviewed eight different CIT who stated religious and spiritual components were minimally integrated in multicultural classes, and that their CEPs did not encourage discussion regarding R/S. In fact, most CIT felt uncomfortable doing so. Magaldi-Dopman and colleagues' previous study (2011), also found development opportunities for self-awareness and religious and spiritual identity exploration in graduate psychology programs were limited and sometimes discouraged. Researchers van Asselt and Senstock (2009) found 48.5% of counselors surveyed studied content related to R/S within a university course.

Although student preferences in how religious and spiritual material should be delivered varies, several studies indicate that CIT want R/S addressed, presented, and discussed more consistently, fully, and frequently within their CEP curriculum (Henriksen et al., 2015; Langeland et al., 2010; Lu & Woo, 2017; Magaldi-Dopman, 2014). Despite this desire for

incorporation, CIT and professional counselors still feel underprepared by their CEPs to address R/S with clients (Adams, 2012; Henriksen et al., 2015; Langeland et al., 2010; Lu & Woo, 2017; Magaldi-Dopman, 2014; Robertson, 2010). Researchers on this topic argue that information on R/S should be more consistently incorporated throughout CEP curriculum, as current delivery of religious and spiritual information across CEPs widely vary (Adams, 2012; Bohecker et al., 2017; Cashwell & Young, 2004; Dailey et al., 2015; Dobmeier & Reiner, 2012; Henriksen et al., 2015; Kahle & Robbins, 2004; Langeland et al., 2010; Lu & Woo, 2017; Magaldi-Dopman, 2014; Reiner & Dobmeier, 2014; Robertson, 2010; Sauerheber et al., 2014).

Courses, learning activities, and syllabi. In 2004, Cashwell and Young examined 14 syllabi from introductory courses on spirituality. They focused on the incorporation of ASERVIC competencies and activities employed in helping CIT gain new awareness of R/S and integrate this knowledge into their counseling. It is important to note that at the time of the study, there were only nine ASERVIC competencies, and although all of the competencies were addressed in one syllabus or another, only three of the 14 syllabi addressed seven or more ASERVIC competencies, meaning most syllabi did not address each competency (Cashwell & Young, 2004). Cashwell and Young (2004) reviewed assignments and course activities required by the syllabi, which included: assigned readings, attendance at a religious and/or spiritual activity or event different from the CIT's religious and/or spiritual tradition, autobiographical assignments, class attendance, class participation, engagement in spiritually based practice, examinations, and student presentations. This study appears to be the first and sole study to date in which researchers examine syllabi specific to R/S, compare them against the ASERVIC competencies, and extract information regarding assignment type.

A qualitative study conducted by Buser and Buser (2014) required 26 CIT to participate

in an activity related to R/S for five weeks. Buser and Buser (2014) identified six recurrent themes patterned throughout the students' reflection papers, which include "(a) discomfort before and during the experience, (b) preconceived notions about spirituality and religion, (c) shifts toward an appreciation of spiritual diversity, (d) gains in self-insights, (e) the importance of experiential learning, and (f) a desire for more learning" (p. 172). Overall, the experiential assignment provided CIT with many opportunities for growth, which they seemed to deeply appreciate. The experience appeared effective in increasing self-awareness of preconceptions and limitations-of-knowledge among the CIT, which they relayed as helpful in better understanding clients and in preventing adverse countertransference reactions (Buser & Buser, 2014). CIT reported an increase in motivation in expanding their knowledge of R/S, as well as increased awareness related to several ASERVIC competencies.

Other researchers have collected information regarding delivery methods of religious and spiritual information in CEPs as a byproduct while focusing on religious and spiritual competency development within CEPs. In Henriksen and colleagues' (2015) study, CIT shared their CEP incorporated clinical supervision, courses devoted to R/S, discussions, experiential learning, exploration of personal beliefs, integration of ASERVIC competencies, seminars, workshops, and visiting places of worship, such as Christian churches, Jewish Synagogues, and Muslim mosques. Participants in Dobmeier and Reiner's (2012) study, reported experiencing the following learning modalities in their CEPs, listed in order of most frequently experienced: class discussion, lecture, readings, journaling, experiential activities, guest speaker, role play, and other activities; the same participants rated class discussion the most useful learning modality, followed by experiential activities and readings. In summary, CEs use a vast variety of learning activities to increase religious and spiritual awareness and competency.

Expectations regarding learning activities. It appears the majority of CIT want to learn about R/S from their CEPs. CITs in several studies relayed what types of learning modalities they most wanted and considered helpful. For example, CIT in Henriksen and colleagues' (2015) study identified various desired learning methods, such as:

didactic experiential assignments, (b) role plays, (c) personal reflection, (d) speakers from religious communities, (e) discussions and panels with counseling professionals working with religious institutions and groups, (f) demonstrations and examples of techniques, (g) workshops, (h) seminars, (i) podcasts, and (j) online training. (p. 66)

In Robertson's (2010) study, 85% of CIT who reported feeling unprepared by their CEP expressed interest in learning more about R/S as it relates to counseling through either a course component or in a class dedicated to the subject. Furthermore, CIT who had taken courses specifically dedicated to R/S yielded higher competency scores. Similarly, van Asselt and Senstock, (2009) and Reiner and Dobmeier (2014) found that professional counselors whose CEPs addressed R/S in graduate school have a higher perceived ability to practice with religious and spiritual competence.

Magaldi-Dopman, (2014) interviewed eight different CIT who shared that information related to R/S was minimally integrated in multicultural classes and even discouraged. Not only do CIT want more training on R/S, they want "interactive" experiences which created opportunities to do the hard work of exploring and learning how to manage their own attitudes, beliefs, biases, and worldviews regarding R/S (Magaldi-Dopman, 2014).

Student preferences regarding R/S content inclusion. No studies could be located in which researchers explicitly asked university and/or counseling students whether or not they wanted their coursework to include R/S and other diversity issues as a primary research question.

It is possible that researchers have concluded that training in R/S is necessary to practice competently and ethically, and thus, have focused on the question of CIT education with regard to R/S. In the most recent literature, researchers seem focused on student perceptions regarding the effectiveness of their counselor preparation to integrate religious and spiritual issues into counseling, and the frequency with which CEPs address these topics (Crook-Lyon, O'Grady, Smith, Jensen, Golightly, & Potkar, 2012; Henriksen et al., 2015; Vogel, McMinn, Peterson, & Gathercoal, 2013). However, some researchers collected data related to this question as a byproduct to their primary research question. For example, 73% of surveyed students in Henriksen and colleagues' study stated they desired the integration of religious and spiritual competencies into their coursework, leaving 27% of students holding alternative viewpoints. These results are consistent with the findings of several other researchers (Adams, 2012; Berkel, Constantine, & Olson, 2007; Briggs & Rayle, 2005; Crook-Lyon et al., 2012; Kelly, 1994; Souza, 2002). Although these studies indicate that most students want to discuss R/S throughout their CEPs, it is important to consider the perspectives of students who do not want to discuss R/S, and/or the perspectives of students who feel uncomfortable doing so. Thus far, researchers have not thoroughly examined why students might not want to discuss R/S within their CEP and further investigation is warranted. Souza (2002) surveyed student reactions to four one-hour seminars on the topic of spirituality and counseling; some students expressed feeling uncomfortable attending and participating in spirituality seminars, referencing fears of being judged harshly for their comments. One student expressed concerns that her CEP had not offered a class providing information on spirituality and counseling and thought it should at least be offered as an elective, another student thought a class devoted to R/S would be difficult because R/S are controversial and personal. Importantly, Souza (2002) notes that the students who

attended these seminars supported counselor training on spirituality, but did not provide further contextual detail.

Saurheber and colleagues' (2014) study also lends some insight as to why students may feel uncomfortable discussing R/S in CEPs; one CE stated that some CIT find it difficult to work with clients who hold different religious beliefs and/or that behave in ways that are in conflict with the students' religious beliefs, further observing that some CIT seem to struggle with integrating the ASERVIC competencies because the competencies encourage counselors to work within their client's belief system, and stated that it is "almost as if they fear that addressing spiritual/religious issues from a framework other than their own will cause harm to themselves" (p. 80). CEs also noted that students coming from Christian fundamentalist backgrounds often struggle in delivering counseling to gay clients. It should be noted, however, that just because students may feel uncomfortable addressing R/S in CEPs or with clients, this does not necessarily mean they do not want to discuss R/S within their CEP in order to learn more or become more comfortable. More discussion of CIT comfort/discomfort in discussing R/S in CEPs occurs in the section below. On the whole, CIT surveyed across multiple studies indicated they wanted more opportunities to develop religious and spiritual competencies within their CEPs (Henrikson, Robertson, van Asselt, Reiner & Dobmeier, Magaldi-Dopman).

Learning environment and program characteristics. The perceived safety of CIT in discussing beliefs related to R/S within their CEP affects willingness to explore and examine their own R/S and counselor identities. For example, Lu et al. (2019) found that CIT who perceive their learning environment as more open to discussing R/S rate their personal religious and spiritual competence as higher than CIT who do not view their learning environment as open to discussion of R/S. Giordano et al. (2018) found that 18% of CIT surveyed feel that their

beliefs related to R/S are not valued in their program, and that 24.2% of CIT do not feel they can be honest or open regarding their R/S. Interestingly, 32.6% shared that they hid or avoided disclosing certain aspects of their religious and/or spiritual identities during the application process for fear CEPs would not accept them; another 10-17% of participants reported neutral feelings regarding these questions, meaning they neither agreed nor disagreed that their religious and spiritual beliefs were valued, welcome, or could be expressed (Giordano, et al., 2018). The majority of CIT who felt unsafe discussing their R/S were, on average, older, more politically conservative, and intrinsically spiritual. Although these percentages do not reflect the majority of reported experiences, they correlate with specific subgroups of CIT indicating certain groups of people feel less psychologically safe within CEPs and within a field of education that claims to value diversity and aspires to multicultural competence. Similarly, at least three of the eight CIT in Magaldi-Dopman's (2014) study expressed they either felt they could not discuss their R/S or received clear messages that doing so was not welcome. It appears part of the information communicated to CIT, at least in some classes and CEPs, is that CIT should not talk about R/S at all, and that in some cases, it is unsafe to do so.

Learning environment plays a critical role in religious and spiritual competency development (van Asselt & Senstock, 2009; Dobmeier & Reiner, 2012; Giordano et al., 2018; Magaldi-Dopman, 2014; Robertson, 2010; Young et al., 2007; Young et al., 2002). In fact, Lu and Woo (2017) found the single most important variable influencing religious and spiritual competence was learning environment. After distributing a web-based questionnaire to 74 CIT inquiring about learning environment and religious and spiritual competency, most CIT could not confirm their CEP offered an environment conducive to building these competencies (Lu & Woo, 2017). Interestingly, both Lu and Woo's (2017) research found learning environment and

CEP attitudes regarding R/S positively influence the development of competency more so than CEPs addressing specific religious and spiritual competencies. Lu and colleagues (2019) found when CITs perceived their CEP as more open to discussing R/S in teaching, supervision, and research, they rated their own religious and spiritual competence higher than CIT who did not experience openness to discussion of R/S. Addressing specific competencies, apparently, is not as influential as creating a learning environment which welcomes and encourages discussion and exploration of religious and spiritual issues (Lu & Woo, 2017). Integrating discussion of R/S in CEPs directly correlate with higher self-perceived levels of competence among CIT; furthermore, what may influence CIT religious and spiritual competency development the most are CE and supervisor attitudes toward religious and spiritual topics in general (Dobmeier & Reiner, 2012; Lu et al., 2019; Lu & Woo, 2017). Several researchers agree CEs, clinical supervisors, and CEPs must consider how to intentionally created supportive learning environments where CIT can safely discuss R/S (Dobmeier & Reiner, 2012; Giordano et al., 2018; Lu & Woo, 2017; Lu et al., 2019; Magaldi-Dopman, 2014; Sauerheber et al., 2014; Young et al., 2007). Clearly, learning environments supportive of including R/S discussion are crucial in CIT religious and spiritual competency development.

Supervision. Clinical supervision is another method through which CIT receive important information regarding R/S. Several researchers have found that supervision supports exploration of counselor and clients' religious and spiritual factors and can encourage the development of religious and spiritual competency (Lu & Woo, 2017). CIT who perceived their clinical supervision experience as open to discussing R/S, rated their personal religious and spiritual competence as higher than CIT who experienced less open supervision (Lu et al., 2019). Similarly, Garner, Webb, Chaffin, and Byars (2017) found a positive correlation between the

frequency of R/S discussed in supervision, time spent in supervision focusing on client issues, and higher levels of CIT sense of purpose and meaning in life; interestingly, discussion of R/S topics in supervision does not correlate with increased purpose in life for clinical supervisors. Garner et al. (2017) did determine that supervisors reported spending more time on R/S topics during supervision than their corresponding supervisees reported, which, they noted, upholds findings of Gilliam and Armstrong (2012) and Hull, Suarez, Sells, and Miller (2013). Although Garner et al. (2017) did not investigate whether the degree of religious and spiritual topic integration into supervision is sufficient for CIT needs, several CIT in Henriksen and colleagues' (2015) study stated their supervision experience never addressed spirituality, and one CIT (interning at a private, non-religious psychiatric hospital) stated they were instructed to abstain from talking about R/S at their internship site, no further contextual information was provided regarding this instruction. A majority (77.9%) of CIT disclosed R/S played no role whatsoever in supervision. The 22.1% of CIT who reported R/S was incorporated into their clinical supervision found it instrumental to their growth as counselors. Correspondingly, Dobmeier and Reiner (2012) found paying attention to R/S during teaching and supervision correlates with CIT being more likely to endorse certain ASERVIC competencies. Ross, Suprina, and Brack (2013) conducted a meta-analysis of nine empirical studies which examined religious and spiritual topics related to clinical supervision and found that all of the articles support the notion that "addressing spirituality in supervision and in therapy with clients enabled an enriched, holistic relationship and transforming experience for both the client and the therapist" (p. 74). Overall, it appears that time spent addressing religious and spiritual issues in clinical supervision creates and enhances learning opportunities for CIT, making it important for clinical supervisors to become comfortable discussing R/S with CIT. More information is needed in order to understand

the perspectives of students and supervisors who do not want to discuss R/S.

Counselor educators. CEs are critically important players in CEPs. Attitudes, personal characteristics, personal religious and spiritual experiences, and training of CEs all influence what types of religious and spiritual information reaches CIT, as well as influencing the method through which R/S information is delivered. Johns' (2017) survey of nine CEs found that lived religious and spiritual experiences influenced their identities, worldviews, relationships, teaching, and supervision of CIT. The qualitative study revealed that CEs perceive inherent risk and taboo in addressing R/S with CIT; eight of the nine CEs collectively identified the risk as attributable to three aspects: lack of training, a desire for self-protection, and a desire to protect CIT (Johns, 2017). Eight of the nine CEs surveyed stated they avoided religious and spiritual topics in order to protect themselves, six participants avoided R/S topics in order to protect CIT, and some participants feared poor evaluations that could impact their tenure. Some CEs evaded religious and spiritual discussion because of traumatizing past experiences (Johns, 2017). Furthermore, six of the nine CEs indicated that a lack of pedagogical training factored into their decisions to avoid discussing R/S. One CE explicitly stated they had not been trained to address R/S with CIT. One CE stated they were unsure whether CACREP standards required training on R/S; this CE alone mentioned the CACREP standards (Johns, 2017). Interestingly, no CEs referenced the ACA Code of Ethics, the MSJCC, or the ASERVIC competencies (Johns, 2017). Every CE identified a need for further training in order to increase their own competency in addressing R/S with CIT; All in all, Johns' (2017) research demonstrates that CEs feel underprepared and hesitant in addressing R/S with CIT, due in large part, to lack of pedagogical exposure and training.

Similarly, CE in Adams and colleagues' (2015) study described a major barrier to incorporating religious and spiritual information as attributable to lack of knowledge regarding

how to integrate R/S into their curriculum, teaching, and supervision. CEs also considered a lack of personal interest and/or relevance as another major barrier to the incorporation of spiritual and religious issues into their CEPs. Furthermore, four of the five CEs surveyed in Sauerheber and colleagues' (2014) study implied CIT may not be receiving adequate training or the necessary experiences with regard to R/S and working with clients of varying faith backgrounds. No studies could be located demonstrating CEs believe counselor training in R/S is sufficient or that a majority of CEs feel fully comfortable discussing R/S with students.

After surveying 44 representatives of CEPs, Sauerheber and colleagues (2014) suggest that because of the relatively recent acknowledgement of the importance of R/S in counseling sessions, CEs may not have received training in R/S when they themselves were CIT. In an older study, Young et al. (2002) distributed a survey to faculty members in 94 CACREP-accredited programs to explore the faculty readiness and competence for teaching topics related to R/S. They discovered 69% of CEs reported their CEP addressed R/S, 46% of the CEs believed they were adequately prepared to incorporate such issues into their teaching and supervision. A minority (28%) of the CEs believed their colleagues capable of addressing R/S in their counselor education activities. The results of the survey indicate that more than half of the participating CEs were unlikely to address R/S in CIT training and supervision, even though the majority of CEs considered studying R/S an important aspects of preparing CITs. Although 23 of the 94 CACREP-accredited CEPs offered a specific course related to R/S, many of the CEs expressed concern that they needed further training in order to teach religious and spiritual concepts effectively (Young et al., 2002).

Blanusa (2009) found that secular educators across varying disciplines and education levels believe their R/S influences their teaching work, even though they did not teach on R/S.

Oxhandler (2017) found that the majority of social work field supervisors reported high levels of self-efficacy and few barriers to the integration of R/S with clients, however, the study did not include information on whether these field supervisors felt comfortable addressing R/S with their supervisees. No other studies could be found related to how/if educators across multiple disciplines (counseling, nursing, psychology, psychiatry, social work) address R/S with students. More research is necessary in order to understand to what degree educators feel prepared and comfortable in addressing R/S with students, and more studies should investigate which factors enable some educators to feel comfortable discussing R/S with students while others do not. As discussed above, although some CEs may feel comfortable addressing religious and spiritual issues with CIT, they do not represent the majority of CE experiences investigated thus far. It is clear that more research is necessary. Changes in pedagogy with regard to how CEs can integrate religious and spiritual issues into curriculum may be necessary.

Infusion of Religious and Spiritual Competencies

Developed in 2009, the ASERVIC competencies, or Competencies for Addressing Spiritual and Religious Issues in Counseling, are a specific set of religious and spiritual competencies that fit comfortably within the broader MSJCC theory. They have been utilized below to organize studies that provide insight into whether or not R/S are adequately addressed throughout CEPs. The following literature is organized with the ASERVIC content areas as headings, followed by brief descriptions of the competencies, succeeded by a discussion of empirical literature related to that content area.

Culture and worldview. Competency 1 recommends professional counselors are able to articulate the differentiations of R/S, as well as understand the rudimentary beliefs of agnosticism, atheism, and dominant religions and spiritual systems (ASERVIC, 2009). Empirical

information related to Competency 1 varies. In Dailey and colleagues' (2015) study of 246 ASERVIC members, perceived competency scores related to culture and worldview were statistically higher than scores in other content areas. Dailey and colleagues (2015) postulate that the higher scores are due to ASERVIC members having increased awareness and understanding of the importance of integrating R/S into counseling. Reiner and Dobmeier (2014) found 48.7% of ACA member participants reported they had only gained knowledge and experience related to Competency 1 through pathways other than graduate school, and another 10.1% had never been exposed to information related to Competency 1 in any context (Reiner & Dobmeier, 2014). Although seemingly rudimentary, with 58.1% of CIT reporting their CEP never exposed them to Competency 1, it is the least likely of all competencies to be addressed by CEPs (Reiner & Dobmeier, 2014). Interestingly, in an older study conducted by Young et al. (2007) a similar percentage (68%) of 505 ACA members thought it was either important or very important to receive formal training in addressing R/S, but only 47% of the ACA members ever received coursework related to R/S (Young et al., 2007). In an earlier study conducted by Dobmeier and Reiner (2012), 68.4% of master and doctoral-level CIT attending CACREP accredited CEPs stated they felt prepared or very prepared to explain differences and similarities of R/S, leaving 32.3% feeling somewhat unprepared or very unprepared to explain the same. These findings indicate a need for CEs and CEP curriculum to more explicitly address Competency 1.

Competency 2 encourages professional counselors to recognize that client beliefs (or absence of beliefs) regarding R/S as central components of worldview that can influence psychosocial functioning (ASERVIC, 2009). The CACREP curriculum requirements almost explicitly address Competency 2, as the document states that CEPs must cover "the impact of spiritual beliefs on clients' and counselors' worldviews" (CACREP, 2015, p. 11). One might

assume that because Competency 2 is addressed within the CACREP curriculum guidelines, CEs and CEPs would surely address it consistently with CIT. Although scores in both Robertson's (2010) and the Dailey and colleagues' (2015) studies indicate higher levels of perceived competence in "Culture and Worldview" when compared with other content areas, most CIT in Robertson's study (2010) were unaware feelings of helplessness, anxiety, and depression could relate to religious and/or spiritual struggles; essentially, CIT were unaware that client beliefs could impact psychosocial functioning. Additionally, Dailey and colleagues (2015) found CIT lacked knowledge relating to spiritual phenomena. More than half of CIT in Dobmeier and Reiner's (2012) study indicated feeling somewhat unprepared or very unprepared to integrate Competency 2. Reiner and Dobmeier's more recent study (2014) found that a combined 55.9% of CIT reported learning about Competency 2 in either their CEP only or their CEP combined with other experiences, meaning about half of the participants did not learn about Competency 2 from their CEP. Furthermore, although the majority of participants reported receiving messages from their CEP in alignment with Competency 2 and the ACA Code of Ethics, a staggering 40% of participants in Adams' (2012) study perceived they had received either implicit or explicit messages that it was inappropriate or unethical to discuss R/S with clients. Adams (2012) suggests that these messages could be conveyed purposefully by CEP participants or perhaps simply interpreted by CIT, but are, nonetheless, concerning. As discussed above, several researchers argue that both CEP learning environment and the attitudes of teachers regarding R/S subjects influence overall competency (Adams, 2012; Dobmeier & Reiner, 2012; Giordano et al., 2018; Lu & Woo, 2017; Lu et al., 2019; Magaldi-Dopman, 2014; Magaldi-Dopman et al., 2011; Sauerheber et al., 2014).

An empirical study revealing exactly how R/S information related to the first and second

ASERVIC competencies is infused into CEP could not be located. However, researchers in several separate studies identify a need for more general training related to the culture and worldview content area (Competency 1 and 2), and collectively indicate inconsistency of religious and spiritual content delivery throughout CEP curriculum (Adams, 2012; Dailey et al., 2015; Henriksen et al., 2015; Magaldi-Dopman, 2014; Reiner & Dobmeier, 2014; Robertson, 2010). It may be that CIT successfully learn that client R/S influences worldview; however, it appears CEs and CEPs have not consistently disseminated information explaining how client R/S can go further than simply influencing worldview, and can actually influence thoughts, emotions, behaviors, and, therefore, the client's psychosocial functioning. As understanding how R/S influences psychosocial functioning of clients is specifically outlined in the CACREP curriculum standards, it seems CEs and CEPs must work on more explicitly and comprehensively addressing competencies 1 and 2.

Counselor self-awareness. Competency 3 states that professional counselors actively explore their own attitudes, beliefs, and values regarding R/S (ASERVIC, 2009). Competency 4 encourages counselors to continuously evaluate how their own values and R/S may influence their client and the counseling process (ASERVIC, 2009). Competency 5 mandates counselors identify the limits of their knowledge and understanding, and acquaint themselves with religious and spiritual resources and leaders to which counselors can refer clients (ASERVIC, 2009). Again, CACREP guidelines require that CEPs provide instruction on how R/S influence the beliefs and worldviews of both counselors and clients (CACREP, 2015). However, CEPs may not provide the necessary environment or course content to support this exploration.

Precisely 19.5% of CIT in Henriksen and colleagues' (2015) study reported increased levels of religious and/or spiritual self-awareness through their CEP, and 14.2% of CIT reported

participating in activities involving religious and spiritual exploration of self and others. Another 67.3% reported no self-discovery whatsoever, 30.1% of CIT indicated their CEP influenced their own perceptions, beliefs, and values, 16.8% of CIT believed they gained new awareness, and 10.6% of CIT agreed their self-discovery led to increased religious and spiritual competence. Similarly (and as discussed above), Magaldi-Dopman's (2014) CIT felt unprepared to address R/S of both themselves and their clients, and reported having no opportunity to explore their own assumptions and identities related to R/S.

Although most participants in Reiner and Dobmeier's (2014) study placed high importance on self-exploration, the majority of participants were unsure about the importance of their own R/S in their work with clients. Similarly, CIT in Robertson's (2010) study were mostly unaware that unexamined personal beliefs may interfere with therapy. Correspondingly, Adams (2012) found the majority of CIT believed they should sideline their own religious and spiritual perspectives in order to provide helpful interventions to clients, and most CIT reported feeling unsure of the importance of their own R/S. As van Asselt and Senstock (2009) found that awareness of personal R/S and training significantly impacted ability to recognize client religious and/or spiritual concerns, and influences the treatment themes counselors choose, uncertainty surrounding the relevance of personal R/S is worrisome. Additionally, several studies empirically demonstrate the potential for counselor transference of values to clients, and show that completely setting aside one's beliefs or separating one's values is not only problematic; it may be impossible (Bergin, 1980; Grimm, 1994; Kelly, 1990; Robinson, 2005; Schwehn & Schau, 1990; Stander, Piercy, MacKinnon, & Helmeke, 1994; Sue & Sue, 2016).

General self-awareness among CITs and counselors regarding R/S appears to be lacking; therefore, it makes sense that awareness of their own limitations and possible external resources

may also be lacking. Less than half of the CIT in Robertson's (2010) study knew that referring clients to clergy or other religious leaders within the community is acceptable and sometimes necessary when client needs reach beyond a counselor's knowledge and scope of practice. In Adams' (2012) study, about 40% of participants learned that it was inappropriate or unethical to provide referrals to clients due to value-based or spiritual conflicts. Over half of CIT in Robertson's (2010) study were unaware that combining spiritual material with traditional counseling techniques could be appropriate and beneficial. By and large, Competencies 3, 4, and 5 require more attention throughout CEP curriculum.

Human and spiritual development. ASERVIC competency 6 is based upon counselor familiarity with various models of religious and spiritual development and their relation to human development (ASERVIC, 2009). Reiner and Dobmeier's (2014) most recent study found Competency 6 has one of the lowest rates of exposure among professional counselors; they also found that professional counselors not only rank Competency 6 as the least important, but also the competency in which professional counselors feel least confident. Over a third of participants (35.6%) had never been exposed to information related to Competency 6, 23.4% had been exposed to Competency 6 only through other experiences, and a combined 41% of participants had learned information related to Competency 6 through either their CEP only or through a combination of their CEP and other experiences (Reiner & Dobmeier, 2014). Additional research related to the incorporation of Competency 6 into CEPs has not yet been located, however, Reiner and Dobmeier's study indicates CEPs should increase CIT exposure to competency 6.

Communication. ASERVIC Competency 7 states that professional counselors welcome and respond sensitively to client communications regarding R/S (ASERVIC, 2009). Competency 8 recommends counselors use concepts consistent with clients' religious and/or spiritual

perspectives and preferences (ASERVIC, 2009). Competency 9 encourages counselors in recognizing and addressing religious and spiritual themes and patterns in client communications. CEP graduates in Adams' (2012) study reported receiving mixed messages regarding whether it was appropriate and/or ethical to discuss R/S with clients; this study is discussed further below. In another study, professional counselors rated Competency 7 as the most important competency and the competency they felt most comfortable incorporating into counseling; 66.6% of professional counselors surveyed reported having exposure to Competency 7 through either their CEP only or through a combination of their CEP and other experiences (Reiner & Dobmeier, 2014); scores showed 54% of respondents learned information related to competencies 8 and 9 through either their CEP only or through a combination of their CEP and other experiences, leaving about half of the professional counselor participants reporting their CEP had never addressed competencies 8 and 9. Being able to openly discuss a client's worldviews is a critical aspect of assessment (Cashwell et al., 2013); thus, discomfort, inability, or unwillingness to communicate with clients regarding R/S could impair assessment. Competencies 7, 8, and 9 must be more consistently addressed throughout CEPs.

Assessment. Competency 10 builds upon previous competencies, as it requires counselors to gather information and develop understanding of client R/S during intake and assessment processes. Cashwell, Young, Tangen, Pope, Sylvestro, and Henson (2016) acknowledge not every client requires or desires conversation related to R/S, but also stress the importance of gaining insight into the ways a client's R/S may positively or negatively impact therapy. Dailey and colleagues (2015) found that CEPs should better and more consistently propagate CIT knowledge and awareness of R/S as they relate to assessment and diagnosis. Other researchers made similar discoveries. Reiner and Dobmeier (2014) found that of the

ASERVIC competencies, Competency 10 has one of the highest rates of being addressed exclusively in CEPs, which means CIT and professional counselors are less likely to gain knowledge in Competency 10 through other experiences and exposures. Still, 44.9% of participants were never exposed to training in Competency 10 through their CEP. Although a majority of CEP graduates in Adams' (2012) study reported learning from their CEP that counselors should ask if R/S is important to clients, 39.8% of participants indicated they were taught it was inappropriate or unethical to discuss R/S with clients. Thus, over a third of CEP graduates may be less likely to discuss R/S or consider them fully during assessment.

Robertson's (2010) study revealed most CIT were unaware counselors should consider religious and spiritual beliefs and experiences as critical aspects of the assessment process, especially during intake. Overall, more CEP training regarding religious and spiritual assessment must occur, as it is an essential component of ethical diagnosis and treatment, and exposure of counselors to Competency 10 outside of CEPs is limited.

Diagnosis and treatment. ASERVIC competencies 11-14 relate to diagnosis and treatment. The majority (73.4%) of CIT surveyed by Henriksen et al. (2015) believed client religious and/or spiritual beliefs ought to influence the counseling process. Most CIT in Adams' (2012) study believed they should ask clients if R/S is important to them and if they want to incorporate R/S into counseling; about 60% believed it was appropriate and ethical to discuss R/S with clients. However, two thirds of participants indicated they were unlikely to actually ask clients about R/S. Paralleling this finding, Scott and colleagues' (2016) survey of licensed practicing counselors found counselors are more likely to acknowledge and value the importance of addressing R/S than they are to actually incorporate religious and spiritual interventions.

Reiner and Dobmeier (2014) found that Competency 14 (the counselor can apply theory

and current research to help integrate the client's religious and/or spiritual practices into therapy) was one of the competencies that CIT were most likely to encounter only through their CEPs, which means exposure to Competency 14 by other means was limited and rare. Competency 14 also had one of the lowest rates of exposure overall, meaning it was often not covered in CEPs. Of all the ASERVIC competencies, Competency 14 may be the least adequately addressed throughout CEP curriculum. Dailey and colleagues (2015) made similar discoveries indicating a lack of knowledge among CIT regarding how R/S can influence diagnosis and treatment, as well as limited understanding of specific spiritual phenomena and problems. Robertson (2010) found that most CIT are unaware that assessment of religious and spiritual beliefs and perspectives is critical, that they can refer clients to spiritual leaders in their community, and that it is beneficial to integrate spiritual material and interventions with traditional techniques. All of these examples are simple yet vital types of religious and spiritual intervention. CEPs should more consistently provide CIT with knowledge and experiences relating to religious and spiritual interventions, as it appears CIT and licensed counselors are unaware of basic religious and spiritual competencies related to diagnosis and treatment. Importantly, van Asselt and Senstock's (2009) study found that personal R/S of a counselor, as well as their training, influences their selected and preferred treatment methods. In summary, increasing exposure of CIT to R/S during graduate education is critical, as the likelihood of exposure to information related to R/S and diagnosis and treatment outside of CEPs is unlikely. (Adams, 2012; Dailey et al., 2015; Reiner & Dobmeier, 2014).

Overall ASERVIC competency integration. The ASERVIC competencies provide guidance for the development of spiritual competency, are empirically valid, and outline what religious and spiritual competency looks like in practice (Cashwell & Young, 2004; Dailey, 2012; Dailey et al., 2015; Dobmeier & Reiner, 2012; Reiner & Dobmeier, 2014; Robertson,

2010). Overall, research regarding specific religious and spiritual content delivery throughout CEPs indicates inconsistent use of the ASERVIC competencies, inconsistent delivery of content related to R/S, and inconsistent growth in religious and spiritual competency among CIT (Adams, 2012; Dailey, 2012; Henriksen et al., 2015; Kahle & Robbins, 2004; Kelly, 1994; Langeland et al., 2010; Lu & Woo, 2017; Magaldi-Dopman, 2014; Robertson, 2010; Sauerheber et al., 2014; Walker et al., 2004). In Henriksen and colleagues' (2015) study, the majority of CIT surveyed did not believe their CEP improved their awareness of or sensitivity to R/S, and 54.5% of CIT did not believe their CEP provided them with any new knowledge or personal understanding of the role of R/S in counseling; 18% of participants reported their sensitivity to religious and/or spiritual needs of others increased because of their CEP. In the same study, without being asked, several participants stated that the ASERVIC competencies were either not integrated into coursework or were minimally integrated throughout, although 73% of participants expressed desire for integrated coursework that addressed the ASERVIC competencies and issues.

Reiner and Dobmeier (2014) found 49.8% of surveyed ACA members had heard of the ASERVIC competencies. Although most counselors were not familiar with the content of the ASERVIC competencies, the majority of participants felt an "ethical responsibility to support the client's spiritual values" and familiarized themselves with spiritual issues "through means other than ASERVIC" (Reiner & Dobmeier, 2014, p. 203). Although CIT and professional counselors may pursue extra-curricular education on religious and spiritual competency, preliminary research indicates that, overall, CEP graduates and CIT desire more comprehensive, consistent, and formal graduate-level training on integrating R/S into counseling, and that participation in specific activities related to R/S in CEPs result in higher levels of competency (Henriksen et al., 2015; Langeland et al., 2010; Lu & Woo, 2017; Magaldi-Dopman, 2014; Reiner & Dobmeier,

2014; Smith-Augustine, 2011; Young et al., 2007).

Application

As the compilation of recent literature indicates a need for more in-depth training with regard to religious and spiritual competency in both CIT and CE program curriculum, the author wrote an article for submission to *Counselor Education & Supervision* as it seems the most direct and efficient way to communicate the need for more comprehensive and consistent religious and spiritual training to an audience of CEs and curriculum decision makers. Ideally, publication of the article will increase awareness of the afore mentioned issues, and serve as an agent for change in the counselor education community, resulting in increased comprehensive training related to R/S, more varied experiences in counselor training, and improved overall preparedness in addressing religious and spiritual issues with clients.

The appendix to this literature review consists of an article meeting the submission requirements for *Counselor Education & Supervision*, a peer reviewed counseling journal “dedicated to publishing articles concerned with research, theory development, or program applications related to counselor education and supervision” (Association for Counselor Education and Supervision, 2019, np). The journal is published quarterly, and manuscript submissions should be between 20 and 25 double-spaced pages including a title page, abstract, keywords, all text, and references.

Conclusion

To date, it appears no published empirical studies exist that directly and solely address the question, “How is religious and spiritual information infused throughout counselor education programs?” Although professional counseling organizations (such as the American Counseling Association (ACA, 2014), the Association for Counselor Education and Supervision (ACES,

2011), and CACREP incorporate R/S into their respective guiding documents, the phrasing may not be directive or explicit enough to contribute significantly to the development of religious and spiritual curricula or competency among CIT and/or CEP graduates. Review of the literature reveals that CIT feel inadequately prepared by their CEPs to address R/S with clients (Adams, 2012; Dailey, 2012; Kahle & Robbins, 2004; Kelly, 1994; Langeland et al., 2010; Lu & Woo, 2017; Magaldi-Dopman, 2014; Robertson, 2010; Sauerheber et al., 2014; Walker et al., 2004). The majority of survey participants' responses across multiple studies indicate a need for more religious and spiritual content delivery and more experiential learning opportunities incorporated into CEPs (Adams, 2012; Henriksen et al., 2015; Lu & Woo, 2017; Magaldi-Dopman, 2014; Robertson, 2010). Evaluation of the literature highlights learning environment as a significant factor influencing religious and spiritual competency development; CIT in two separate studies indicated they did not feel safe discussing R/S or sharing religious and spiritual aspects of themselves (Giordano et al., 2018; Magaldi-Dopman, 2014). Supervision crucially affects CIT development of religious and spiritual competency (Dobmeier & Reiner, 2012; Garner et al., 2017; Henriksen et al., 2015; Lu & Woo, 2017; Ross et al., 2013). CEs are also critical components in the delivery of competency information. Overall, CE perceive risk in addressing R/S with CIT, feel underprepared in teaching topics related to R/S, feel uncomfortable addressing religious and spiritual concerns with CIT, and do not believe their colleagues are competent in addressing R/S (Johns, 2017; Sauerheber et al., 2014; Young et al., 2002). When organized around the ASERVIC competencies, a review of empirical studies reveal a pattern: collectively, CEPs struggle to address every ASERVIC competency consistently and adequately, leaving CIT and CEP graduates underprepared to address religious and spiritual issues in counseling. These findings indicate multiple areas for improvement.

References

- Adams, C. M., Puig, A., Baggs, A., & Wolf, C. P. (2015). Integrating religion and spirituality into counselor education: Barriers and strategies. *Counselor Education & Supervision, 54*, 44-56. doi: 10.1002/j.1556-6978.2015.00069.x
- Adams, J. R. (2012). Spiritual issues in counseling: What do students perceive they are being Taught? *Counseling and Values, 57*, 66-80.
- American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA: Author.
- Ammerman, N. (2013). Spiritual but not religious? Choices in the study of religion. *Journal for Scientific Study of Religion, 52*(2): 258-278. doi: 10.1111/jssr.12024
- Ardelt, M. (2003). Effects of religion and purpose in life on elders' subjective well-being and attitudes toward death. *Journal of Religious Gerontology, 14*(4), 55-77. Retrieved from <http://users.clas.ufl.edu/ardelt/Effects%20of%20Religion%20and%20Purpose%20in%20Life.pdf>
- Ardelt, M., & Koenig, C. S. (2006). The role of religion for hospice patients and relatively healthy older adults. *Research on Aging, 28*(2), 184-215. doi: 10.1177/0164027505284165
- Arnold, R. M., Avants, S. K., Margolin, A., & Marcotte, D. (2002). Patient attitudes concerning the inclusion of spirituality into addiction treatment. *Journal of Substance Abuse Treatment, 23*(4), 319-326.
- Association for Counselor Education and Supervision. (2011). *Best practices in clinical supervision*. Alexandria, VA: Author.
- Association for Counselor Education and Supervision. (2019). *Guidelines for authors, 58*(2), 158-159.

Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC). (2009).

Spiritual competencies: Competencies for addressing spiritual and religious issues in counseling. Retrieved from <http://www.aservic.org>

Belaire, C., & Young, J. S. (2002). Conservative christians' expectations of non-christian counselors. *Counseling and Values*, 46(3), 175-187.

Belaire, C., Young, J. S., & Elder, A. (2005). Inclusion of religious behaviors and attitudes in counseling: Expectations of conservative christians. *Counseling and Values*, 49(2), 82-94.

Bergin, A. E. (1980). Psychotherapy and humanistic values. *Journal of Consulting and Clinical Psychology* 48, 95-105.

Berkel, L. A., Constantine, M. G., & Olson, E. A. (2007). Supervisor multicultural competence: Addressing religious and spiritual issues with counseling students in supervision. *The Clinical Supervisor*, 26, 3–15. doi:10.1300/J001v26n01_02

Blanusa, J. M. (2009). *How are the students?: How teachers' spirituality and religion influence their work as educators* (doctoral thesis). Harvard University. Retrieved from <https://search-proquest-com.proxy.library.uaf.edu/docview/304893250>

Bohecker, L., Schellenerg, R., & Silvey, J. (2017). Spirituality and religion: The ninth CACREP core curriculum area. *Counseling and Values*, 62(2), 128-143. doi: 10.1002/cvj.12055

Briggs, M. K., & Rayle, A. D. (2005). Incorporating spirituality into core counseling courses: Ideas for classroom application. *Counseling and Values*, 50, 63-75.

Buser, J. K., & Buser, T. J. (2014). Qualitative investigation of student reflections on a spiritual/religious diversity experience. *Counseling and Values*, 59, 155-173. doi: 10.1002/j.2161-007X.2014.00049.x

- Campus Pride. (2019). Shame list: The absolute worst campuses for LGBTQ youth. Retrieved from <https://www.campuspride.org/shamelist/>
- Cashwell, C. S., & Young, J. S. (2011). *Integrating spirituality and religion into counseling: A guide to competent practice*. Alexandria, VA: American Counseling Association.
- Cashwell, C. S., Young, J. S., Tangen, J. L., Pope, A. W., Sylvestro, H., & Henson, R. A. (2016). Who is this god of whom you speak? Counseling students' conception of God. *Counseling and Values, 61*, 159-175. doi: 10.1002/cvj.12035
- Cashwell, C. S., & Young, J. S. (2004). Spirituality in counselor training: A content analysis of syllabi from introductory spirituality courses. *Counseling and Values, 48*, 96-109.
- Cashwell, C. S., Young, J. S., Fulton, C., Willis, B. T., Giordano, A. L., Wyatt, L. L., ... Welch, M. (2013). Clinical behaviors for addressing religious/spiritual issues: Do we “practice what we preach”? *Counseling and Values, 58*, 45–58. doi:10.1002/j.2161-007X.2013.00024.x
- Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2009). *2009 CACREP Standards*. Retrieved from <https://www.cacrep.org/wp-content/uploads/2017/07/2009-Standards.pdf>
- Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2015). *2016 CACREP Standards*. Retrieved from <https://www.cacrep.org/for-programs/2016-cacrep-standards/>
- Cragun, C. L., & Friedlander, M. L. (2012). Experiences of Christian clients in secular psychotherapy: A mixed-methods investigation. *Journal of Counseling Psychology, 59*(3), 379-391. doi: 10.1037/a0028283
- Crook-Lyon, R. E., O'Grady, K. A., Smith, T. B., Jensen, D. R., Golightly, T., & Potkar, K.

- (2012). Addressing religious and spiritual diversity in graduate training and multicultural education for professional psychologists. *Psychology of Religion and Spirituality*, 4, 169-181.
- Dailey, S. F. (2012). *Quantitative assessment of the spiritual domain*. Association of Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) Teaching Modules. Retrieved from <http://www.aservic.org/wp-content/uploads/2011/12/Quantitative-Assessment-of-the-Spiritual-Do-main.pdf>
- Dailey, S. F., Robertson, L. A., & Gill, C. S. (2015). Spiritual competency scale: Further analysis. *Measurement and Evaluation in Counseling and Development*, 48:1, 15-29, doi: 10.1177/0748175614544688
- Delaney, H. D., Miller, W. R., & Bisonó, A. M. (2007) Religiosity and spirituality among psychologists: A survey of clinician members of the american psychological association. *Professional Psychology: Research and Practice*, 38, 583-546.
- Dobmeier, R. A., & Reiner, S. M. (2012). Spirituality in the counselor education curriculum: A national survey of student perceptions. *Counseling and Values*, 57, 47-65.
- Duran, E. (2006). *Healing the soul wound*. New York, NY: Teachers College Press.
- Ennis, D. (2019) Two schools in the NCAA tourney made the anti-LGBTQ 'shame list'. Retrieved from <https://www.outsports.com/2019/3/19/18271613/liberty-flames-abilene-wildcats-the-shame-list>
- Flasch, P. (2016). An interview with the association for spiritual, ethical, and religious values in counseling leaders: Craig S. Cashwell and J. Scott Young. *Counseling and Values*, 61, 135-141. doi: 10.1002/cvj.12033

- Garner, C. M., Webb, L. K., Chaffin, C., & Byars, A. (2017). The soul of supervision: counselor spirituality. *Counseling and Values*, 62, 24-36. doi: 10.1002/cvj.12047
- Gilliam, T. H., & Armstrong, S. A. (2012). Spirituality and counseling supervision: Current practices of board-approved supervisors. *The Clinical Supervisor*, 31(1), 25-41. doi: 10.1080/07325223.2012.671718
- Giordano, A. L., Bevly, C. M., Tucker, S., & Prosek, E. A. (2018). Psychological safety and appreciation of differences in counselor training programs: Examining religion, spirituality, and political beliefs. *Journal of Counseling & Development*, 96, 278-288. doi: 10.1002/jcad.12202
- Gockel, A. (2011). Client perspectives on spirituality in the therapeutic relationship. *The Humanistic Psychologist*, 39(2), 154-168. doi: 10.1080/08873267.2011.564959
- Gray, J. S., & Rose, W. J. (2012). Cultural adaptation for therapy with American Indians and Alaska Natives. *Journal of Multicultural Counseling & Development*, 40(2), 82-92. doi: 10.1002/j.2161-1912.2012.00008.x
- Grimm, D. W. (1994) Therapist spiritual and religious values in psychotherapy. *Counseling and Values*, 38, 154-164. doi: 10.1002/j.2161-007x.1994.tb00833.x
- Harris, K. A., Randolph, B. E., & Gordon, T. D. (2016). What do clients want? Assessing spiritual needs in counseling: A literature review. *Spirituality in Clinical Practice*, 3(4), 250-275. doi: 10.1037/scp0000108
- Henriksen, R. C., Polonyi, M. A., Bornsheuer-Boswell, J. N., Greger, R. G., & Watts, R. E. (2015). Counseling students' perceptions of religious/spiritual counseling training: A qualitative study. *Journal of Counseling & Development*, 93, 59-69. doi: 10.1002/j.1556-6676.2015.00181.x

- Hodge, D. R. (2015). *Spiritual assessment in social work and mental health practice*. New York, NY: Columbia University Press.
- Hodge, D. R., Limb, G. E., & Cross, T. L. (2009). Moving from colonization toward balance and harmony: A Native American perspective on wellness. *Social Work, 54*(3), 211–219. <https://doi.org/10.1093/sw/54.3.211>
- Hyman, C., & Handal, P. J. (2006). Definitions and evaluation of religion and spirituality items by religious professionals: A pilot study. *Journal of Religion and Health, 45*(2), 264-282. doi: 10.1007/s10943-006-9015-z
- Hull, C. E., Suarez, E. C., Sells, J. N., & Miller, M. M. (2013). Addressing spiritual dialogue in supervision: Comparing supervisor and supervisee perceptions. *Journal of Psychology & Christianity, 32*(1), 30-42.
- Jen Der Pan, P., Deng, L. F., Tsai, S. L., & Yuan, S. S. J. (2013). Issues of integration in psychological counseling practice from pastoral counseling perspectives. *Journal of Psychology & Christianity, 32*(2), 146-159.
- Johns, R. D. (2017). Narrative themes of counselor educators' religious and spiritual competency. *Counseling and Values, 62*, 72-89. doi: 10.1002/cvj.12050
- Jong, J., Ross, R., Philip, T., Chang, S. H., Simons, N., & Halberstadt, J. (2018). The religious correlates of death anxiety: A systematic review and meta-analysis. *Religion, Brain & Behavior, 8*(1), 4-20.
- Kahle, P. A., & Robbins, J. M. (2004). *The power of spirituality in therapy: Integrating spiritual and religious beliefs in mental health practice*. Binghamton, NY: The Haworth Publishing Press.
- Kapsidelis, K. (2016). Liberty psychology course omits LGBT content. Retrieved from

https://www.richmond.com/news/virginia/article_b4de73d5-b0a4-5581-9ba7-4fa29d63a6a7.html

Kelly, E. W., Jr. (1994). The role of religion and spirituality in counselor education: A national survey. *Counselor Education and Supervision*, 33, 227–237.

Kelly, T. A. (1990). The role of values in psychotherapy: A critical review of process and outcome effects. *Clinical Psychology Review* 10, 171-86.

Koenig, H. D. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*, 1. doi:10.5402/2012/278730

Langeland, J. M., Anderson, M. L., Bischof, G. H., & Will, B. (2010). Spiritual and religious considerations of Michigan Counseling Association members. *Michigan Journal of Counseling* 37, 16–24.

Lu, J., Li, C., Potts, C. A., & Ufomadu, J. (2019). An exploration of variables that contribute to counseling students' spiritual competence development: Implications for counselor education. *International Journal for the Advancement of Counselling*. Retrieved from <https://doi.org/10.1007/s10447-019-09391>

Lu, J., & Woo, H. (2017). Students' outcome expectation on spiritual and religious competency: A hierarchical regression analysis. *International Journal for the Advancement of Counseling*, 39(3), 217-228.

Magaldi-Dopman, D. (2014). An “afterthought”: Counseling trainees' multicultural competence within the spiritual/religious domain. *Journal of Multicultural Counseling and Development*, 42, 194-204. doi: 10/1002/j.2161-1912.2014.00054.x

Magaldi-Dopman, D., Park-Taylor, J., & Ponterotto, J. G. (2011). Psychotherapists' spiritual, religious, atheist or agnostic identity and their practice of psychotherapy: A grounded

- theory study. *Psychotherapy Research*, 21(3), 286-303. doi: 10.1080/10503307.2011.565488
- Mahoney, A., Pargament, K. I., Murray-Swank, A., & Murray-Swank, N. (2003). Religion and the sanctification of family relationships. *Review of Religious Research*, 44(3), 220-236. Retrieved from https://www.researchgate.net/profile/Annette_Mahoney/publication/271781047_Religion_and_the_Sanctification_of_Family_Relationships/links/5780017108ae69ab882415a3.pdf
- Manning, L. K. (2013). Navigating hardships in old age: Exploring the relationship between spirituality and resilience in later life. *Qual Health Res*, 24(4), 568-575. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3578989/pdf/nihms-437693.pdf>
- Miranti, J. G. (2019) *Historical development of the Association for spiritual, ethical, and religious values in counseling (ASERVIC)*. <http://www.aservic.org/about-2/history/>
- Mochon, D., Norton, M. I., & Ariely, D. (2011). Who benefits from religion? *Soc Indic Res*, 101, 1-15. Retrieved from <http://www.people.hbs.edu/mnorton/mochon%20norton%20ariely%202011.pdf>
- Newport, F. (2016). *Most Americans still believe in God*. Gallup, Inc. Washington, D.C. Retrieved from: Gallup <https://news.gallup.com/poll/193271/americans-believe-god.aspx>
- Petts, R. J. (2012), Single mothers' religious participation and early childhood behavior. *Journal of Marriage and Family*, 74: 251-268. doi:10.1111/j.1741-3737.2011.00953.x
- Post, B. C., Wade, N. G., & Cornish, M. A. (2013). Religion and spirituality in group counseling: Beliefs and preferences of university counseling center clients. *Group Dynamics: Theory, Research, and Practice*. doi: 10.1037/a0034759

- Oxhandler, H. K. (2017). Social work field instructors' integration of religion and spirituality in clinical practice. *Journal of Social Work Education*, 53(3), 449-465.
<https://doi.org/10.1080/10437797.2016.1269706>
- Quackenbos, S., Privette, G., & Klentz, B. (1985). Psychotherapy: Sacred or secular? *Journal of Counseling & Development*, 63(5), 290-293. doi:10.1002/j.1556-6676.1985.tb00661.x
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development*, 44, 28-48. doi: 10.1002/jmcd.12035
- Reiner, S. M., & Dobmeier, R. A. (2014). Counselor preparation and the association for spiritual, ethical, and religious values in counseling competencies: an exploratory study. *Counseling And Values*, 59(2), 192-207. doi:10.1002/j.2161-007X.2014.00051.x
- Robertson, L. (2010). The spiritual competency scale. *Counseling and Values*, 55(1), 6-24. doi: 10.1002/j.2161-007X.2010.tb00019.x
- Robinson, T. L. (1999). The intersections of dominant discourses across race, gender, and other identities. *Journal of Counseling & Development*, 77, 73-79. doi: 10.1002/j.1556-6676.1999.tb02423.x
- Robinson, T. L. (2005). *The convergence of race, ethnicity, and gender: Multiple identities in counseling*. Upper Saddle River, NJ: Pearson.
- Ross, D. K., Suprina, J. S., & Brack, G. (2013). The spirituality in supervision model (SACRED): An emerging model from a meta-synthesis of the literature. *The Practitioner Scholar: Journal of Counseling and Professional Psychology*, 2(1), 68-83.
- Saenz, R., & Waldo, M. (2013). Clients' preferences regarding prayer during counseling.

- Psychology of Religion and Spirituality*, 5, 325–334. <http://dx.doi.org/10.1037/a0033711>
- Sauerheber, J. D., Holeman, V. T., Dean, J. B., & Haynes, J. (2014). Perceptions of counselor educators and spiritual competencies. *Journal of Psychology and Christianity*, 1, 70-83.
- Schlehofer, M. M., Omoto, A. M., & Adelman, J. R. (2008). How do “religion” and “spirituality” differ? Lay definitions among older adults. *Journal for the Scientific Study of Religion*, 47(3), 411-425. <https://doi.org/10.1111/j.1468-5906.2008.00418.x>
- Schwehn, J., & Schau, C. G. (1990). Psychotherapy as a process of value stabilization. *Counseling and Values* 35, 24- 30.
- Scott, S. K., Sheperis, D. S., Simmons, R. T., Rush-Wilson, R., & Milo, L. A. (2016) Faith as a cultural variable: Implications for counselor training. *Counseling and Values*, 61, 192-205. doi: 10.1002/cvj.12037
- Smith-Augustine, S. (2011). School counselors' comfort and competence with spirituality issues. *Counseling And Values*, (2), 149.
- Souza, K. E. (2002). Spirituality in counseling: What do counseling students think about it? *Counseling and Values*, 46, 213-217.
- Stander, V., Piercy, F. P., MacKinnon, D., & Helmeke, K. (1994). Spirituality, religion, and family therapy: Competing or complementary worlds? *American Journal of Family Therapy*, 22, 27-41.
- Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse: Theory and Practice*. Hoboken, NJ: John Wiley & Sons, Inc.
- U.S. Census Bureau. (2010). Table no. 75. Self-described religious identification of adult population: 1990, 2001 and 2008. *Statistical abstract of the United States: 2010* (p. 88). Washington, D.C.: U.S. Census Bureau.

- van Asselt, K. W., & Senstock, T.D. (2009). Influence of counselor spirituality and training on treatment focus and self-perceived competence. *Journal of Counseling & Development*, 87, 412-419. doi: 10.1002/j.1556-6678.2009.tb00125.x
- Vogel, M. J., McMinn, M. R., Peterson, M. A., & Gathercoal, K. (2013). Examining religion and spirituality as diversity training: A multidimensional look at training in the American psychological association. *Faculty Publications – Grad School of Clinical Psychology*, 130. Retrieved from https://digitalcommons.georgefox.edu/gscp_fac/130
- Yalom, I. (2002). Religion and psychiatry. *American Journal of Psychotherapy*, 56(3), 301-316. Retrieved from <http://login.proxy.library.uaf.edu/login?url+http://search.ebscohost.com/login.aspx?direct=true&db=ssf&AN=510186343&site=eds-live>
- Yalom, I. D. (2008) *Staring at the sun: Overcoming the terror of death*. San Francisco, CA: Jossey-Bass.
- Young, J. S., Wiggins-Frame, M., & Cashwell, C. S. (2007). Spirituality and counselor competence: A national survey of American counseling association members. *Journal of Counseling & Development*, 85, 47-52.
- Young, J. S., Wiggins-Frame, M., Cashwell, C. S., & Belaire, C. (2002). Spiritual and religious competencies: A national survey of CACREP-accredited programs. *Counseling and Values*, 47, 22-33.
- Walker, D. F., Gorsuch, R. L., & Tan, S.-Y. (2004). Therapists' integration of religion and spirituality in counseling: A meta-analysis. *Counseling and Values*, 49, 69–80.
- Zinnbauer, B. J., Pargament, K. I., Cole, B., Rye, M. S., Butter, E. M., Belavich, ... Kadar, J. T. (1997). Religion and spirituality: Unfuzzifying the fuzzy. *Journal for the Scientific Study*

of Religion, 34(4), 549-564.

Appendix

HOW RELIGIOUS AND SPIRITUAL INFORMATION IS INFUSED THROUGHOUT
COUNSELOR EDUCATION PROGRAMS

Abstract:

The following literature review synthesizes research related to the question, “How is religious and spiritual information infused throughout counselor education programs?” Recent research reveals incredible variability between counselor education programs, and a paucity of religious/spiritual content delivered to counselors-in-training, suggesting that religious/spiritual topics must be more consistently addressed.

Keywords: competency, counseling, curriculum, religion, spirituality

How Religious and Spiritual Information is Infused Throughout Counselor Education Programs

Decades of research show clients view religion and/or spirituality (R/S) as valid content for discussion in counseling (Jen Der Pan, Deng, Tsai, & Yuan, 2013; Quackenbos, Privette, & Klentz, 1985). However, many counselors remain hesitant in addressing R/S with clients; recent literature indicates lack of confidence among counselors is, at least partially, due to inconsistent and inadequate preparation during graduate-level counselor education (Adams, 2012; Dailey, 2012; Lu & Woo, 2017; Magaldi-Dopman, 2014; Robertson 2010; Sauerheber, Holeman, Dean, & Haynes, 2014). Recently, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) incorporated the words “spiritual beliefs” into the 2016 CACREP Standards (2015, p. 11), which may indicate a desire for counselor education programs (CEPs) to increase attention to this subject throughout curriculum. The purpose of this thematic literature review is to bring readers up-to-date with current research related to the question, “How is religious and spiritual information infused throughout counselor education programs?”

Description of Need

Religious and Spiritual Population

As the majority of Americans identify themselves as either religious or spiritual, and 89% of Americans believe in God or a universal spirit (Newport, 2016; U.S. Census Bureau, 2010), counselors will encounter clients who identify as either religious and/or spiritual. Moreover, clients believe counseling should provide opportunities to address and incorporate their R/S (Jen Der Pan et al., 2013). Clients commonly bring up R/S when discussing topics such as abortion, forgiveness, infidelity, pregnancy, sexual abuse, and sexuality (Sauerheber et al., 2014). Client participation in religious and/or spiritual activities can offer many benefits.

Strengths and Vulnerabilities of Religion and Spirituality

R/S can function in beneficial ways, providing resources such as increased resilience and positive impacts on family life and family relationships (Manning, 2013; Petts, 2012). The presence of R/S in the lives of individuals positively correlate with various aspects of mental health including ability to cope with adversity, attitudes of optimism, character traits, overall sense of well-being, happiness, self-esteem, sense of meaning and purpose, social capital, and substance abuse (Koenig, 2012). Individuals who do not passionately participate in R/S communities or strongly identify as atheist or agnostic are less happy than people with stronger belief and affiliation (Mochon, Norton, & Ariely, 2011). Although many benefits of R/S exist, there are sometimes negative implications for clients. Some clients use R/S to justify thoughts and behaviors that place them and others at risk. Examples include thoughts that justify dominating a partner and thoughts that condone or excuse suicide; clients also suffer from beliefs of condemnation or lack of opportunity for redemption (Sauerheber et al., 2014). Surely, R/S uniquely influence various layers of a person in distinct and unique ways.

Attending to Religious and Spiritual Aspects of Clients

Ethical counseling practice includes attending to religious and spiritual aspects of clients. R/S permeate culture, shape experiences, and influence interpretation of experiences. R/S also significantly influence cultural identities and worldviews (both of which counselors must attend to while serving clients). Attending to R/S can help counselors better understand clients and enhance the therapeutic relationship. As R/S are social constructs that influence personality development and intersect fluidly in a person's life (Cashwell & Young, 2011; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016), it is critical that counselors consider the R/S of clients during client conceptualization, assessment, and treatment processes. Counselors working within the Multicultural and Social Justice Counseling Competencies (MSJCC) framework

should develop awareness of their own attitudes and worldviews, as increased self-awareness of personal R/S leads to increased understanding of these domains (Ratts et al., 2016.) Proficient attending requires self-awareness; lack of self-awareness increases risk of counselors working from a place of privilege. The American Counseling Association (ACA) Code of Ethics (2014) also requires the development of personal awareness, necessitates multicultural competency, and mandates that counselors gain sensitivity and the skills necessary in providing culturally competent counseling. Clearly, ignoring or avoiding discussion of a client's R/S is negligent and would be working from outside of ethical and multicultural guidelines.

Reluctance to Address Religion and Spirituality in Counseling

Although professional counselors and CIT recognize R/S as important in client lives and within therapy, many remain apprehensive, disinclined, hesitant, or underprepared to inquire about client R/S, and/or integrate religious and/or spiritual interventions into treatment (Dailey, 2012; Robertson, 2010; Scott, Sheperis, Simmons, Rush-Wilson, & Milo, 2016). Although believing topics of faith are too taboo to discuss in counseling does prevent counselors from addressing R/S factors during session (Scott et al., 2016), the fact that dominant cultural norms in the U.S. value separation of R/S from science does not explain the phenomenon in its entirety; most probably, it cannot be summated with one explanation.

Some scholars postulate reluctance in addressing R/S with clients might relate to a religiosity gap between mental health professionals and the general population. Indeed, Robertson's (2010) study showed counselors who identified as neither religious nor spiritual received the lowest spiritual competency scores; Robertson suggests this discrepancy may be due to general unawareness of the significance of R/S for clients, however, no recent studies corroborate this claim. Adams (2012) surveyed CIT from four different counselor education

programs (CEPs) in the “Bible Belt” region of the U.S. and 76.3% of participants rated them in the high range of religiosity. This study may indicate the collective religiosity of counselors may not vastly differ from religious demographics in their geographic area or from the general U.S. population. In the same survey, a smaller percentage reported that they felt comfortable discussing spiritual issues, and only a minority of CIT stated they would actually ask clients about religious and/or spiritual beliefs or consider them before selecting interventions.

Perhaps the simplest and most direct explanation for discomfort in addressing R/S in counseling may be that R/S are currently addressed inconsistently and/or inadequately throughout CEPs. In their study of licensed counselors, Scott and colleagues (2016) found a significant barrier to incorporating client R/S into counseling was, simply, confusion regarding exactly *how* to integrate the topic. Counselors in multiple studies lacked knowledge regarding essential clinical competencies and felt unable to resolve value conflicts (Cashwell et al., 2013; Scott et al., 2016). Counselor hesitance in inquiring about client R/S may stem from fear and may directly result from limited education on R/S (Cashwell et al., 2013; Magaldi-Dopman, 2014). Although professional counselors can and do seek extra-curricular education, research indicates CIT and licensed professional counselors simply feel unprepared to address R/S with clients based on the knowledge obtained solely from their CEPs and desire more comprehensive training in R/S (Adams, 2012; Dailey, Robertson, & Gill, 2015; Henriksen, Polonyi, Bornsheuer-Boswell, Greger, & Watts, 2015; Lu & Woo, 2017; Magaldi-Dopman, 2014; Reiner & Dobmeier, 2014; Smith-Augustine, 2011; Young, Wiggins-Frame, & Cashwell, 2007). Recent studies show some CIT actually feel discouraged from discussing R/S and exploring/sharing their own religious and/or spiritual identities (Giordano, Bevly, Tucker, & Prosek, 2018; Lu, Li, Potts, & Ufomadu, 2019; Lu & Woo, 2017; Magaldi-Dopman, 2014; Magaldi-Dopman, Park-Taylor, &

Ponterotto, 2011).

Institutional Considerations

In recent news, Liberty University received criticism due to the university's history of discriminating against LGBTQ students (Ennis, 2019). Indeed, Campus Pride's "Shame List" provides documentation of controversial actions taken by Liberty University staff, such as placing students in conversion therapy, signing the Nashville Statement, and purchasing custom psychology textbooks which exclude information regarding sexual motivation and orientation (Campus Pride, 2019). This information becomes axiomatically relevant to CIT competency development when considering Liberty University offers a CACREP-accredited Clinical Mental Health Counseling program. If faculty and administrators believe students should be "allowed to filter material through a biblical worldview" (Kapsidelis, 2016, para. 13), and have the power to alter textbooks and curriculum, there is a potential that both institutional and student biases related to R/S may remain unexamined and perhaps ignored altogether, leaving CIT grossly underprepared to ethically serve clients of differing religious and/or spiritual backgrounds.

The American Counseling Association Code of Ethics (2014) requires that counselors are self-aware, and seek training in areas where they are at risk of imposing their attitudes, behaviors, beliefs, and values upon clients; it also specifically prohibits discrimination based on R/S and sexual orientation. Currently, religiously affiliated institutions have significant flexibility to influence the way religious and/or spiritual material is delivered (or not delivered) to students. Institutional attitudes and biases may go unexamined by CIT, which may in turn result in limited self-awareness of CIT, and thus, professional counselors. Unexamined biases and limited self-awareness could negatively impact a counselor's ability to work respectfully and ethically with diverse populations, and could leave CIT and licensed professionals lacking in necessary

competency awareness, knowledge, and skills related to R/S.

Methodology

Several search engines (Elmer E. Rasmuson Library search engine, ERIC, Google Scholar, and Kathryn A. Martin Library) were utilized to screen specific databases (Academic search premier, EBSCO, ERIC, Google Scholar, JSTOR, Project Muse, PsycARTICLES, Psychology & Behavioral Sciences Collection, PsychINFO, ScienceDirect, Social Sciences Full Text) for articles relating to the search terms CACREP, competency, competencies, counselor, counselor education, counseling, curriculum, religion, religious, spiritual, and spirituality. Electronic copies of the journals *Counseling Today*, *Counseling and Values: Spirituality, Ethics, and Religion in Counseling*, and *Journal of Multicultural Counseling and Development* were also searched for relevant articles. As master's level graduates are the primary practitioners of the counseling field, the scope of this review emphasizes articles containing information regarding graduate level CEPs, CACREP-accredited CEPs, or other clinical mental health programs. Articles published within the past 10 years were prioritized.

Developed in 2009, the ASERVIC competencies, or *Competencies for Addressing Spiritual and Religious Issues in Counseling*, are a specific set of religious and spiritual competencies that fit comfortably within the broader MSJCC theory. The ASERVIC competencies are empirically supported, statistically valid, and have become the gold standard by which professionals in the field measure religious and spiritual competency (Cashwell & Young, 2004; Dailey et al., 2015; Reiner & Dobmeier, 2014). Therefore, the author utilized the ASERVIC competencies to broadly structure and organize the following literature review.

Literature Review

Conduits for Religious and Spiritual Information

Religious and spiritual information reaches CIT through various mechanisms including counselor educators (CEs), courses, learning activities, syllabi, learning environment, program characteristics, and supervision. Association guidelines, curriculum standards, as well as the mechanisms listed above influence the type of information delivered to CIT. The following section discusses these conduits of religious and spiritual information.

Competency and curriculum standards. The ACA Code of Ethics, the ASERVIC competencies, and CACREP standards all incorporate language necessitating the development of multicultural, religious, and spiritual competency (ACA, 2014; ASERVIC, 2009; CACREP, 2015). Although it is clear these associations want information related to R/S covered in CEPs, it is even more clear that CIT want CEPs to more comprehensively address R/S as it pertains to counseling. Henriksen and colleagues (2015) found 19.5% of CIT surveyed believed their academic coursework influenced their professional religious and spiritual competency, and 73% of CIT wanted R/S discussed in coursework. The majority of CIT report their CEP did not increase their awareness or competency regarding R/S. These findings are similar to findings of Langeland, Anderson, Bischof, and Will (2010) in which surveyed Michigan counselors shared they did not believe their graduate training adequately addressed R/S; only 21% of counselors from Michigan agreed that R/S had been addressed (even minimally) within their CEP.

Magaldi-Dopman (2014) interviewed eight different CIT who stated religious and spiritual components were minimally integrated in multicultural classes, and that their CEPs did not encourage discussion regarding R/S. In fact, most CIT felt uncomfortable doing so. Magaldi-Dopman and colleagues' previous study (2011), also found development opportunities for self-awareness and identity (as they related to R/S) in graduate psychology programs were limited and exploration was sometimes discouraged. Researchers van Asselt and Senstock (2009) found

48.5% of counselors surveyed 572 had studied content related to R/S within a university course.

Although CIT preferences in delivery methods of religious and spiritual material varies, several studies indicate CIT want R/S addressed more fully and frequently within their CEP (Henriksen et al., 2015; Langeland et al., 2010; Lu & Woo, 2017; Magaldi-Dopman, 2014). Despite this desire for incorporation, CIT and professional counselors still feel underprepared by their CEPs to address R/S with clients (Adams, 2012; Henriksen et al., 2015; Langeland et al., 2010; Lu & Woo, 2017; Magaldi-Dopman, 2014; Robertson, 2010).

Courses, learning activities, and syllabi. CIT in Henriksen and colleagues' (2015) study shared their CEP incorporated clinical supervision, courses devoted to R/S, discussions, experiential learning, exploration of personal beliefs, integration of ASERVIC competencies, seminars, workshops, and visiting places of worship. CIT in Dobmeier and Reiner's (2012) study, reported the following learning modalities occurred in their CEPs (listed in order of most frequently experienced): class discussion, lecture, readings, journaling, experiential activities, guest speaker, role play, and other activities; the same participants rated class discussion the most useful learning modality, followed by experiential activities and readings.

In Robertson's (2010) study, 85% of CIT who reported feeling unprepared by their CEP expressed interest in learning more about R/S through either a course component or in a class dedicated to the subject; CIT who took courses dedicated to R/S yielded higher competency scores. Similarly, van Asselt and Senstock, (2009) and Reiner and Dobmeier (2014) found that professional counselors whose CEPs addressed R/S have a higher perceived ability to practice with religious and/or spiritual competency. Magaldi-Dopman, (2014) interviewed eight different CIT who shared that information related to R/S was only minimally integrated in multicultural classes; these same CIT also proffered information as to whether or not their respective learning

environments encouraged the exploration and discussion of their own R/S.

Learning environment and program characteristics. The perceived safety of CIT in discussing R/S affects willingness to explore their own personal beliefs and counselor identities with regard to R/S. For example, Lu et al. (2019) found that CIT who perceive their learning environment as more open to discussing R/S rate their personal religious and spiritual competence as higher than CIT who do not view their learning environment as open to discussion of R/S. Giordano and colleagues (2018) found 18% of CIT surveyed felt their beliefs were not valued in their CEP, and 24.2% of CIT did not feel they could be honest or open regarding their R/S. Interestingly, 32.6% of CIT shared they hid or avoided disclosing certain aspects of their religious and/or spiritual identities during the application process for fear CEPs would not accept them (Giordano, et al., 2018); the majority of CIT who felt unsafe discussing their beliefs were, on average, older, more politically conservative, and intrinsically spiritual. Although these percentages do not reflect the majority of reported experiences, they do correlate with specific subgroups of CIT indicating certain groups of people feel less psychologically safe within CEPs. Similarly, at least three of the eight CIT in Magaldi-Dopman's (2014) study expressed feeling either that they could not discuss their religious and/or spiritual views, or had received clear messages that doing so was not welcome. It appears part of the information being communicated to CIT, at least in some CEPs, is that CIT should not talk about R/S at all.

In 2017, Lu and Woo found the single most important variable influencing religious and spiritual competence is learning environment. Most CIT surveyed by Lu and Woo (2017) could not confirm their CEP offered a learning environment conducive to building these competencies. Interestingly, Lu and Woo (2017) found learning environment and CEP attitudes regarding R/S positively influence the development of religious and spiritual competencies more so than did

CEPs addressing specific competencies. Lu and colleagues (2019) found when CITs perceived their CEP as being more open to discussing R/S in teaching, supervision, and research, they rate their own religious and spiritual competence higher than CIT who did experience openness to discussion of R/S. Addressing specific competencies, apparently, is not as influential as creating a learning environment which encourages discussion and exploration of religious and spiritual issues (Lu & Woo, 2017). Integrating discussion of R/S within CEPs directly correlates with higher self-perceived levels of competence among CIT; furthermore, what may influence religious and spiritual competency development the most, are CE and supervisor attitudes toward religious and spiritual topics in general (Dobmeier & Reiner, 2012; Lu et al., 2019; Lu & Woo, 2017). Several researchers agree CEs, clinical supervisors, and CEPs must consider intentionally creating supportive learning environments where CIT can safely discuss R/S (Dobmeier & Reiner, 2012; Giordano et al., 2018; Lu & Woo, 2017; Lu et al., 2019; Magaldi-Dopman, 2014; Sauerheber et al., 2014; Young et al., 2007). Clearly, learning environments supportive of exploration are critical in CIT development of religious and spiritual competency.

Supervision. Several researchers found supervision supportive of religious and spiritual exploration can encourage development of religious and spiritual competency. When CIT perceive clinical supervision as open to discussing R/S, they rate their personal religious and spiritual competence higher CIT who had less open experiences (Lu et al., 2019). Garner, Webb, Chaffin, and Byars (2017) found that supervisors reported spending more time on R/S than their corresponding supervisees reported, which, they noted, upholds findings in previous studies (Gilliam & Armstrong, 2012; & Hull, Suarez, Sells, & Miller, 2013). In Henriksen and colleagues' (2015) study, several CIT stated their supervision experience never addressed spirituality; one CIT (interning at a private, non-religious psychiatric hospital) stated they were

instructed to abstain from talking about R/S at their internship site; no further contextual information was provided regarding this instruction. A majority (77.9%) of CIT disclosed R/S played no role in supervision. The 22.1% of CIT who reported R/S was incorporated into clinical supervision found it instrumental to their growth as counselors. Dobmeier and Reiner (2012) found paying attention to R/S during teaching and supervision correlates with CIT being more likely to endorse certain ASERVIC competencies. More information is needed in order to understand the perspectives of students and supervisors who do not want to discuss R/S.

Counselor educators. CEs are critically important players in CEPs. Johns' (2017) survey of nine CEs found lived religious and spiritual experiences influence CE identity, relationships, supervision of CIT, teaching, and worldview. The CEs surveyed perceived inherent risk and taboo in addressing R/S with CIT; eight of the nine CEs identified this risk as attributable to lack of training, desire for self-protection, and desire to protect CIT. Some CEs feared poor evaluations that could affect tenure, and some CEs evaded R/S discussion because of traumatizing past experiences (Johns, 2017). Every CE identified a need for further training in order to increase their own competency in addressing R/S with CIT; eight of the nine CEs linked competency levels to a lack of pedagogical training. Similarly, CEs interviewed by Adams, Puig, Baggs, and Wolf (2015) identified a lack of knowledge regarding how to integrate religious and spiritual issues into curriculum as a major barrier to integrating R/S related information into teaching and supervision. No studies could be located demonstrating CEs believe counselor training in R/S is sufficient or that a majority of CEs feel fully comfortable discussing R/S with students. CEs considered a lack of personal interest/relevance as another major barrier. After surveying 44 representatives of CEPs, Sauerheber and colleagues (2014) suggest that because of the relatively recent acknowledgement of the importance of R/S in counseling sessions CEs may

not have received training in R/S when they themselves were CIT.

Infusion of Religious and Spiritual Competencies

The ASERVIC competencies, or *Competencies for Addressing Spiritual and Religious Issues in Counseling*, are specific religious and spiritual competencies that fit comfortably within the broader MSJCC theory. They have been utilized below to organize studies that provide insight into whether R/S are adequately addressed throughout CEPs. The following literature is organized with competency content areas as headings, followed by brief descriptions of the competencies, succeeded by a discussion of the empirical literature related to that content area.

Culture and worldview. Competency 1 recommends professional counselors are able to articulate the differentiations of R/S, as well as understand the rudimentary beliefs of dominant religions, spiritual systems, agnosticism, and atheism (ASERVIC, 2009). Reiner and Dobmeier (2014) found 48.7% of ACA member participants reported they had gained knowledge and experience related to Competency 1 only through pathways other than graduate school, and 10.1% had never been exposed to information related to Competency 1 in any context. Although seemingly rudimentary, with 58.1% of participants reporting their CEP never exposed them to Competency 1, it is the least likely of all competencies to be addressed by CEPs (Reiner & Dobmeier, 2014). Strangely, scores in both the Robertson (2010) and Dailey et al. (2015) studies indicate higher levels of perceived competence in “Culture and Worldview” when compared with other content areas. In an earlier study, 68.4% of graduate level CIT attending CACREP accredited CEPs felt prepared or very prepared to explain differences and similarities of R/S, leaving 32.3% feeling somewhat unprepared or very unprepared (Dobmeier & Reiner, 2012).

Competency 2 encourages counselors to recognize how client beliefs influence psychosocial functioning and worldview (ASERVIC, 2009). This competency seems almost

explicitly addressed in CACREP requirements, as CEPs must cover “the impact of spiritual beliefs on clients’ and counselors’ worldviews” (CACREP, 2015, p. 11). Interestingly, most CIT in Robertson’s study (2010) did not know feelings of helplessness, anxiety, and depression could be related to religious and/or spiritual struggles; put simply, CIT were unaware client beliefs can impact psychosocial functioning. More than half of participants in another study indicated feeling somewhat unprepared or very unprepared to integrate Competency 2 (Dobmeier & Reiner, 2012). In 2014, Reiner and Dobmeier found 44.1% of ACA members surveyed did not learn about this topic from their CEPs. Furthermore, 40% of participants in Adams’ (2012) study perceived they had received messages that it was inappropriate/unethical to discuss R/S with clients. Whether these messages are conveyed purposefully by CEs or simply interpreted by CIT, their existence is nonetheless concerning in terms of preparing culturally competent counselors.

Counselor self-awareness. Competency 3 states that professional counselors actively explore their own attitudes, beliefs, and values regarding R/S (ASERVIC, 2009). Competency 4 encourages counselors to continuously evaluate how their own beliefs and values may influence clients and the counseling process (ASERVIC, 2009). Competency 5 mandates counselors identify the limits of their knowledge and understanding, and acquaint themselves with religious and spiritual resources and leaders to which counselors can refer clients (ASERVIC, 2009). Again, CACREP guidelines require that CEPs provide instruction on how R/S influence the beliefs and worldviews of both counselors and clients (CACREP, 2015) However, CEPs many not provide the necessary environment or course content to support this exploration.

Precisely 19.5% of CIT in Henriksen and colleagues’ (2015) study reported increased levels of religious and/or spiritual self-awareness through their CEP; 14.2% of CIT reported participating in activities involving the exploration of self and others. Another 67.3% reported no

self-discovery whatsoever, 30.1% of CIT indicated their CEP influenced their own perceptions, beliefs, and values, 16.8% of CIT reported gaining new awareness, and 10.6% of CIT agreed their self-discovery led to increased religious and spiritual competence. Similarly, Magaldi-Dopman's (2014) CIT felt unprepared to address R/S of both themselves and their clients, and reported having no opportunity to explore their own assumptions and identities related to R/S.

Although most participants in Reiner and Dobmeier's (2014) study placed a high importance on spiritual self-exploration, the majority of participants were unsure about the importance of their own R/S in their work with clients. Similarly, participants in Robertson's (2010) study were mostly unaware that unexamined personal beliefs may interfere with therapy. Correspondingly, Adams (2012) found the majority of CIT believed they should sideline their own religious and spiritual perspectives in order to provide helpful interventions to clients, and most CIT reported feeling unsure of the importance of their own R/S. As van Asselt and Senstock (2009) found that awareness of personal R/S and training significantly affect ability to recognize client religious and/or spiritual concerns and influences the treatment themes counselors choose, uncertainty surrounding the relevance of personal R/S is worrisome.

General self-awareness among CITs and counselors regarding R/S appears to be lacking; therefore, it makes sense that awareness of their own limitations and possible external resources may also be lacking. Less than half of CIT in Robertson's (2010) study knew referring clients to religious and spiritual leaders within the community is acceptable and sometimes necessary when client needs reach beyond counselor knowledge and scope of practice. In Adams' (2012) study, about 40% of participants learned it was inappropriate/unethical to provide these referrals.

Human and spiritual development. ASERVIC competency 6 is based upon counselor familiarity with various models of religious and spiritual development and their relation to

human development (ASERVIC, 2009). Reiner and Dobmeier (2014) found Competency 6 has one of the lowest exposure rates among professional counselors. Counselors ranked Competency 6 as least important and it was the competency in which counselors felt least confident. Over a third of CIT (35.6%) had never been exposed to information related to Competency 6, 23.4% had been exposed to Competency 6 only through other experiences, and a combined 41% of participants had learned information related to Competency 6 through either their CEP only or through a combination of their CEP and other experiences (Reiner & Dobmeier, 2014).

Communication. ASERVIC Competency 7 states that professional counselors welcome and respond sensitively to client communications regarding R/S (ASERVIC, 2009). Competency 8 recommends counselors use concepts consistent with clients' religious and/or spiritual perspectives and preferences (ASERVIC, 2009). Competency 9 encourages counselors in recognizing and addressing religious and spiritual themes and patterns in client communications. CEP graduates in Adams' (2012) study reported receiving mixed messages regarding whether it was appropriate and/or ethical to discuss R/S with clients. Counselors in Reiner and Dobmeier's study (2014) rated Competency 7 as the most important competency and the competency they feel most comfortable incorporating into their work; 66.6% of professional counselors surveyed reported they had exposure to Competency 7 through either their CEP only or through a combination of their CEP and other experiences. Competency 8 and Competency 9 scores showed 54% of counselor participants learned information related to these competencies through either their CEP only or through a combination of their CEP and other experiences, leaving about half counselor participants reporting their CEP never addressed competencies 8 and 9.

Assessment. Competency 10 builds upon previous competencies, as it requires counselors to gather information and develop understanding of client R/S during intake and

assessment processes. Dailey et al. (2015) found that CEPs should better and more consistently propagate CIT knowledge and awareness of R/S as they relate to assessment and diagnosis. Similarly, Reiner and Dobmeier (2014) found that out of all ASERVIC competencies, Competency 10 has one of the highest rates of being addressed exclusively CEPs, which means CIT and professional counselors are less likely to gain knowledge related to competency 10 through other experiences. Still, 44.9% of participants were never exposed to competency 10 related content through their CEP. Although a majority of CEP graduates in Adams' (2012) study reported learning from their CEP that counselors should ask if R/S is important to clients, 39.8% of participants indicated they were taught it was inappropriate or unethical to discuss R/S with clients. Thus, over a third of CEP graduates may be less likely to discuss R/S or consider them fully during assessment. Robertson's (2010) study revealed most CIT were not aware counselors should consider R/S beliefs and experiences as critical aspects of the assessment process, especially during intake. Overall, more CEP training regarding religious and spiritual assessment must occur, as it is an essential component of ethical diagnosis and treatment.

Diagnosis and treatment. ASERVIC competencies 11-14 relate to diagnosis and treatment. The majority (73.4%) of CIT surveyed by Henriksen et al. (2015) believe client religious and/or spiritual beliefs ought to influence the counseling process. Most CIT in Adams' (2012) study believed they should ask clients if R/S is important to them and if they want to incorporate R/S into counseling; about 60% believed it was appropriate and ethical to discuss R/S with clients. However, two thirds of participants indicated they were unlikely to actually ask clients about R/S. Paralleling this finding, Scott and colleagues' (2016) survey of licensed practicing counselors found counselors are more likely to acknowledge and value the importance of addressing R/S than they are to actually incorporate religious and spiritual interventions.

Reiner and Dobmeier (2014) found that Competency 14 (the counselor can apply theory and current research to help integrate the client's religious and/or spiritual practices into therapy) was one of the competencies CIT most often encountered only through their CEPs, which means exposure to Competency 14 by other means was limited and rare. Competency 14 also had one of the lowest rates of exposure overall, meaning it was often not covered in CEPs. In fact, of all ASERVIC competencies, Competency 14 may be the least adequately addressed by CEPs. Dailey and colleagues (2015) made similar discoveries indicating a lack of knowledge among CIT regarding how R/S can influence diagnosis and treatment, as well as limited understanding of specific spiritual phenomena and problems. More specifically, Robertson (2010) found most CIT were unaware that assessment of religious and spiritual perspectives is critical, that they can refer clients to religious and/or spiritual leaders in their community, and that it is beneficial to integrate the R/S of the client with traditional interventions and techniques. All of these examples are simple yet vital types of religious and/or spiritual intervention. Importantly, van Asselt and Senstock's (2009) study found that personal R/S of counselors, as well as their training, influenced their preferred treatment methods. Increasing exposure to R/S in CEPS is critical, as CIT are unlikely to gain other informing experiences outside of their CEP with regard to diagnosis and treatment (Adams, 2012; Dailey et al., 2015; Reiner & Dobmeier, 2014).

Conclusion

To date, it appears no published empirical studies exist that directly and solely address the question, "How is religious and spiritual information infused throughout counselor education programs?" Although many professional counseling organizations incorporate R/S into their respective guiding documents, the phrasing may not be directive or explicit enough to contribute significantly to the development of religious and spiritual curricula or competency among CIT

and/or CEP graduates. Review of the literature reveals CIT feel inadequately prepared by CEPs to address R/S (Adams, 2012; Dailey, 2012; Lu & Woo, 2017; Magaldi-Dopman, 2014; Robertson, 2010; Sauerheber, et al., 2014). The majority of survey participant responses across multiple studies indicate a need for more religious and spiritual information delivery and more experiential learning opportunities (Adams, 2012; Henriksen et al., 2015; Lu & Woo, 2017; Magaldi-Dopman, 2014; Robertson, 2010). Evaluation of the literature highlights learning environment as a significant factor influencing religious and spiritual competency development; CIT in two separate studies indicated they did not feel safe discussing R/S or sharing religious and spiritual aspects of themselves (Giordano et al., 2018; Magaldi-Dopman, 2014). Supervision crucially affects CIT development of religious and spiritual competency (Dobmeier & Reiner, 2012; Garner et al., 2017; Henriksen et al., 2015; Lu & Woo, 2017). CEs are critical components in the delivery of competency information. Besides perceiving risk in addressing R/S, CEs report feeling underprepared in addressing religious and spiritual issues with CIT, and do not believe their colleagues are competent in addressing R/S with CIT (Johns, 2017; Sauerheber et al., 2014; Young et al., 2002). When organized around the ASERVIC competencies, a review of the empirical studies reveals a pattern: collectively, CEPs are struggling to address the ASERVIC competencies consistently and adequately, leaving CIT and CEP graduates underprepared to address R/S with clients. These findings draw attention to multiple areas for improvement.

References

- Adams, C. M., Puig, A., Baggs, A., & Wolf, C. P. (2015). Integrating religion and spirituality into counselor education: Barriers and strategies. *Counselor Education & Supervision, 54*, 44-56. doi: 10.1002/j.1556-6978.2015.00069.x
- Adams, J. R. (2012). Spiritual issues in counseling: What do students perceive they are being

Taught? *Counseling and Values*, 57, 66-80.

American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA: Author.

Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC). (2009).

Spiritual competencies: Competencies for addressing spiritual and religious issues in counseling. Retrieved from <http://www.aservic.org>

Campus Pride. (2019). Shame list: The absolute worst campuses for LGBTQ youth. Retrieved from <https://www.campuspride.org/shamelist/>

Cashwell, C. S., & Young, J. S. (2011). *Integrating spirituality and religion into counseling: A guide to competent practice*. Alexandria, VA: American Counseling Association.

Cashwell, C. S., & Young, J. S. (2004). Spirituality in counselor training: A content analysis of syllabi from introductory spirituality courses. *Counseling and Values*, 48, 96-109.

Cashwell, C. S., Young, J. S., Fulton, C., Willis, B. T., Giordano, A. L., Wyatt, L. L., . . . Welch, M. (2013). Clinical behaviors for addressing religious/spiritual issues: Do we “practice what we preach”? *Counseling and Values*, 58, 45–58. doi:10.1002/j.2161-007X.2013.00024.x

Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2015). *2016 CACREP Standards*. Retrieved from <https://www.cacrep.org/for-programs/2016-cacrep-standards/>

Dailey, S. F. (2012). *Quantitative assessment of the spiritual domain*. Association of Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) Teaching Modules. Retrieved from <http://www.aservic.org/wp-content/uploads/2011/12/Quantitative-Assessment-of-the-Spiritual-Do-main.pdf>

Dailey, S. F., Robertson, L. A., & Gill, C. S. (2015). Spiritual competency scale: Further

analysis. *Measurement and Evaluation in Counseling and Development*, 48:1, 15-29,

doi: 10.1177/0748175614544688

Dobmeier, R. A., & Reiner, S. M. (2012). Spirituality in the counselor education curriculum: A national survey of student perceptions. *Counseling and Values*, 57, 47-65.

Ennis, D. (2019) Two schools in the NCAA tourney made the anti-LGBTQ 'shame list'.

Retrieved from

<https://www.outsports.com/2019/3/19/18271613/liberty-flames-abilene-wildcats-the-shame-list>

Garner, C. M., Webb, L. K., Chaffin, C., & Byars, A. (2017). The soul of supervision: counselor spirituality. *Counseling and Values*, 62, 24-36. doi: 10.1002/cvj.12047

Gilliam, T. H., & Armstrong, S. A. (2012). Spirituality and counseling supervision: Current practices of board-approved supervisors. *The Clinical Supervisor*, 31(1), 25-41. doi: 10.1080/07325223.2012.671718

Giordano, A. L., Bevly, C. M., Tucker, S., & Prosek, E. A. (2018). Psychological safety and appreciation of differences in counselor training programs: Examining religion, spirituality, and political beliefs. *Journal of Counseling & Development*, 96, 278-288. doi: 10.1002/jcad.12202

Henriksen, R. C., Polonyi, M. A., Bornsheuer-Boswell, J. N., Greger, R. G., & Watts, R. E. (2015). Counseling students' perceptions of religious/spiritual counseling training: A qualitative study. *Journal of Counseling & Development*, 93, 59-69. doi: 10.1002/j.1556-6676.2015.00181.x

Hull, C. E., Suarez, E. C., Sells, J. N., & Miller, M. M. (2013). Addressing spiritual dialogue in supervision: Comparing supervisor and supervisee perceptions. *Journal of Psychology &*

Christianity, 32(1), 30-42.

Jen Der Pan, P., Deng, L. F., Tsai, S. L., & Yuan, S. S. J. (2013). Issues of integration in psychological counseling practice from pastoral counseling perspectives. *Journal of Psychology & Christianity*, 32(2), 146-159.

Johns, R. D. (2017). Narrative themes of counselor educators' religious and spiritual competency. *Counseling and Values*, 62, 72-89. doi: 10.1002/cvj.12050

Kapsidelis, K. (2016). Liberty psychology course omits LGBT content. Retrieved from https://www.richmond.com/news/virginia/article_b4de73d5-b0a4-5581-9ba7-4fa29d63a6a7.html

Koenig, H. D. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*, 1. doi:10.5402/2012/278730

Langeland, J. M., Anderson, M. L., Bischof, G. H., & Will, B. (2010). Spiritual and religious considerations of Michigan Counseling Association members. *Michigan Journal of Counseling* 37, 16-24.

Lu, J., & Woo, H. (2017). Students' outcome expectation on spiritual and religious competency: A hierarchical regression analysis. *International Journal for the Advancement of Counseling*, 39(3), 217-228.

Lu, J., Li, C., Potts, C. A., & Ufomadu, J. (2019). An exploration of variables that contribute to counseling students' spiritual competence development: Implications for counselor education. *International Journal for the Advancement of Counselling*. Retrieved from <https://doi.org/10.1007/s10447-019-09391>

Magaldi-Dopman, D. (2014). An "afterthought": Counseling trainees' multicultural competence within the spiritual/religious domain. *Journal of Multicultural Counseling and*

- Development*, 42, 194-204. doi: 10.1002/j.2161-1912.2014.00054.x
- Magaldi-Dopman, D., Park-Taylor, J., & Ponterotto, J. G. (2011). Psychotherapists' spiritual, religious, atheist or agnostic identity and their practice of psychotherapy: A grounded theory study. *Psychotherapy Research*, 21(3), 286-303. doi: 10.1080/10503307.2011.565488
- Manning, L. K. (2013). Navigating hardships in old age: Exploring the relationship between spirituality and resilience in later life. *Qual Health Res*, 24(4), 568-575. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3578989/pdf/nihms-437693.pdf>
- Mochon, D., Norton, M. I., & Ariely, D. (2011). Who benefits from religion? *Soc Indic Res*, 101, 1-15. Retrieved from <http://www.people.hbs.edu/mnorton/mochon%20norton%20ariely%202011.pdf>
- Newport, F. (2016). *Most Americans still believe in God*. Gallup, Inc. Washington, D.C. Retrieved from: Gallup <https://news.gallup.com/poll/193271/americans-believe-god.aspx>
- Petts, R. J. (2012). Single mothers' religious participation and early childhood behavior. *Journal of Marriage and Family*, 74, 251-268. doi:10.1111/j.1741-3737.2011.00953.x
- Quackenbos, S., Privette, G., & Klentz, B. (1985). Psychotherapy: Sacred or secular? *Journal of Counseling & Development*, 63(5), 290-293. doi:10.1002/j.1556-6676.1985.tb00661.x
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development*, 44, 28-48. doi: 10.1002/jmcd.12035
- Reiner, S. M., & Dobmeier, R. A. (2014). Counselor preparation and the association for spiritual, ethical, and religious values in counseling competencies: an exploratory study.

- Counseling And Values*, 59(2), 192-207. doi:10.1002/j.2161-007X.2014.00051.x
- Robertson, L. (2010). The spiritual competency scale. *Counseling and Values*, 55(1), 6-24. doi: 10.1002/j.2161-007X.2010.tb00019.x
- Sauerheber, J. D., Holeman, V. T., Dean, J. B., & Haynes, J. (2014). Perceptions of counselor educators and spiritual competencies. *Journal of Psychology and Christianity*, 1, 70-83.
- Scott, S. K., Sheperis, D. S., Simmons, R. T., Rush-Wilson, R., & Milo, L. A. (2016) Faith as a cultural variable: Implications for counselor training. *Counseling and Values*, 61, 192-205. doi: 10.1002/cvj.12037
- Smith-Augustine, S. (2011). School counselors' comfort and competence with spirituality issues. *Counseling And Values*, (2), 149.
- U.S. Census Bureau. (2010). Table no. 75. Self-described religious identification of adult population: 1990, 2001 and 2008. *Statistical abstract of the United States: 2010* (p. 88). Washington, D.C.: U.S. Census Bureau.
- van Asselt, K. W., & Senstock, T.D. (2009). Influence of counselor spirituality and training on treatment focus and self-perceived competence. *Journal of Counseling & Development*, 87, 412-419. doi: 10.1002/j.1556-6678.2009.tb00125.x
- Young, J. S., Wiggins-Frame, M., & Cashwell, C. S. (2007). Spirituality and counselor competence: A national survey of American counseling association members. *Journal of Counseling & Development*, 85, 47-52.
- Young, J. S., Wiggins-Frame, M., Cashwell, C. S., & Belaire, C. (2002). Spiritual and religious competencies: A national survey of CACREP-accredited programs. *Counseling and Values*, 47, 22-33.